

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050193

**Entity Name:** PREMIER HEART AND VASCULAR CENTER, P.A.**Current Principal Place of Business:**38035 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540**Current Mailing Address:**38035 MEDICAL CENTER AVENUE  
ZEPHYRHILLS, FL 33540 US**FEI Number:** 20-3842362**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AARON L GORDON PLLC  
3622 W. SAN LUIS STREET  
TAMPA, FL 33629 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** AARON GORDON

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	GUPTA, SUNIL M.D.
Address	38035 MEDICAL CENTER AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33540

Title	VD
Name	CHAUHAN, KETUL K M.D.
Address	38035 MEDICAL CENTER AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33540

Title	SD
Name	KHAMARE, CHETAN
Address	38035 MEDICAL CENTER AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33540

Title	TREASURER, DIRECTOR
Name	SOMA, VIKAS
Address	38035 MEDICAL CENTER AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33540

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUNIL GUPTA

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date