

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90001 046 ***158.75

DOCUMENT # H05934

1. Entity Name

MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.

Principal Place of Business

Mailing Address

5979 VINELAND RD
 STE 109
 ORLANDO FL 32819
 US

5979 VINELAND RD
 STE 109
 ORLANDO FL 32819-7857
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2459073

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LORENZ, JAVIER, M.D.
 5979 VINELAND RD #109
~~SUITE 110~~ Suite 109
 ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

MARCOS S. HAZDAY, MD TREASURER

(NOTE: Registered Agent signature required when reinstating)

4/20/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARK S.	
STREET ADDRESS	5979 VINELAND RD #109	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCOS S. HAZDAY, M.D.	
STREET ADDRESS	5979 VINELAND RD #109	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARNOLD M. EINHORN, M.D.	
STREET ADDRESS	5979 VINELAND RD #109	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PART	<input type="checkbox"/> Delete
NAME	KANTOUNIS, LOUIS J MD	
STREET ADDRESS	5979 VINELAND RD #109	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PARTNERS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER TAYLOR, M.D.	
STREET ADDRESS	5979 VINELAND RD SUITE 109	
CITY-ST-ZIP	ORLANDO, FLA. 32819	
TITLE	PARTNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDRESH DUGGAL, MD	
STREET ADDRESS	5979 VINELAND #109	
CITY-ST-ZIP	ORLANDO, FLA. 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)