

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90033 030 ***158.75

DOCUMENT # H05934

1. Entity Name
MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.

Principal Place of Business 5979 VINELAND RD STE 109 ORLANDO FL 32819 US	Mailing Address 5979 VINELAND RD STE 109 ORLANDO FL 32819 US
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024071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-2459073** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent LORENZ, JAVIER, M.D. 5979 VINELAND RD #109 SUITE 118 → delete this line. ORLANDO FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Vice-President* 2/15/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, MARK S. 5979 VINELAND RD #109 ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCOS S. HAZDAY, M.D. 5979 VINELAND RD #109 ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARNOLD M. EINHORN, M.D. 5979 VINELAND RD #109 ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PART TREASURER KANTOUNIS, LOUIS J MD 5979 VINELAND RD #109 ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER TAYLOR, PETER M.D. 5979 VINELAND RD SUITE 109 ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY DUGGAL, CHANDRESH MD 5979 VINELAND SUITE #109 ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marcos Hazzday - 2/15/01* (407) 351-5384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)