

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90168 017 \*\*\*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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2. Principal Place of Business 1717 S. Orange Ave Suite, Apt. #, etc. suite 105 City & State Orlando, FL	3. Mailing Address 10,000 West Colonial Dr. Suite, Apt. #, etc. suite 282 City & State Ocoee, FL
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4. FEI Number 59-2459073	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LORENZ, JAVIER, M.D. 5979 VINELAND RD #109 SUITE 118 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	T 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	AT 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	AT DUGGAL, CHANDRESH MD 5979 VINELAND SUITE #109 ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** \_\_\_\_\_ Date: 2-7-02 Daytime Phone #: 407-351-5384  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)