


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb '04, 2004 08:00 AM
Secretary of State

DOCUMENT # H05934
 1. Entity Name
 MID-FLORIDA CARDIOLOGY SPECIALISTS, P.A.



Principal Place of Business 1717 S ORANGE AVE STE 105 ORLANDO, FL 32806 US	Mailing Address 1717 S ORANGE AVE STE 105 ORLANDO, FL 32806 US
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2459073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCOS, HAZDAY
 1717 SOUTH ORANGE AVE.
 SUITE 105
 ORLANDO, FL 32806

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000031654
 02/04/04-80158-006 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARCOS S. HAZDAY, M.D. 1717 S. ORANGE AVE., SUITE 105 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ARNOLD M. EINHORN, M.D. 1717 S. ORANGE AVE. SUITE 105 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KANTOUNIS, LOUIS 10000 WEST COLONIAL DRIVE, SUITE 282 OCOOEE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TAYLOR, PETER M.D. 1717 S. ORANGE AVE., SUITE 105 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS DUGGAL, CHANDRESH MD 10000 WEST COLONIAL DRIVE., SUITE 282 OCOOEE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT CUSCO, JORSE 1717 S. ORANGE AVE. SUITE 105 ORLANDO, FL 32806

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 2/2/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR