


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90242 013 ***158.75

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

14008938



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04262005 Chg-P CR2E034 (10/03)

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

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

7. Name and Address of New Registered Agent

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. 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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS, AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mouaz Tawon, m.d.	
STREET ADDRESS	10,000 West Colonial Drive, suite 282	
CITY-ST-ZIP	OCOOE, FL 34761	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Weinstock, m.d.	
STREET ADDRESS	1717 S. Orange Ave, Suite 105	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duggal, Chandresh MD	
STREET ADDRESS	10,000 West Colonial Drive, suite 282	
CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cusco, Jorge	
STREET ADDRESS	1717 S. Orange Ave, suite 105	
CITY-ST-ZIP	Orlando, FL 32806	

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: **4/26/05** Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR