

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05934

FILED  
Apr 29, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1717 S ORANGE AVE  
STE 105  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1717 S ORANGE AVE  
STE 105  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: 59-2459073      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARCOS S. HAZDAY, M.D.  
Address: 1717 S.ORANGE AVE., SUITE 105  
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) Delete  
Name: ARNOLD M. EINHORN, M.D.  
Address: 1717 S. ORANGE AVE. SUITE 105  
City-St-Zip: ORLANDO, FL 32806

Title: V ( ) Delete  
Name: KANTOUNIS, LOUIS  
Address: 10000 WEST COLONIAL DRIVE, SUITE 282  
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete  
Name: TAYLOR, PETER M.D.  
Address: 1717 S. ORANGE AVE., SUITE 105  
City-St-Zip: ORLANDO, FL 32806

Title: V ( ) Delete  
Name: DUGGAL, CHANDRESH MD  
Address: 10000 WEST COLONIAL DRIVE., SUITE 282  
City-St-Zip: OCOEE, FL 34761

Title: V ( ) Delete  
Name: CUSCO, JORGE  
Address: 1717 S. ORANGE AVE. SUITE 105  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCOS HAZDAY

Electronic Signature of Signing Officer or Director

PRES

04/29/2008

Date