

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05934

FILED
Apr 29, 2010
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 (X)

Name and Address of Current Registered Agent:

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

Title: S
Name: TAWAM, MOUAZ M.D.
Address: 10000 WEST COLONIAL DRIVE, SUITE 282
City-St-Zip: OCOEE, FL 34761

Title: VP
Name: KANTOUNIS, LOUIS J M.D.
Address: 10000 WEST COLONIAL DRIVE, SUITE 282
City-St-Zip: OCOEE, FL 34761

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

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

Title: V
Name: CUSCO, JORGE A M.D.
Address: 1717 S. ORANGE AVE. SUITE 105
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: ARNOLD M EINHORN, M.D.

P

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date