

2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H73203

FILED
Jul 07, 2011
Secretary of State

Entity Name: FLORIDA HEART GROUP, P.A.

Current Principal Place of Business:

1613 N MILLS AVENUE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

ATTN: FINANCE DEPARTMENT
1613 N MILLS AVENUE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2582139 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FAHEY, FRANCIS J MD
1613 N MILLS AVENUE
ORLANDO, FL 32803 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

OFFICERS AND DIRECTORS:

Title: P
Name: FAHEY, FRANCIS J MD
Address: 1613 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: T
Name: MONIR, GEORGE MD
Address: 1613 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM
Name: KIM, CHIN K MD
Address: 1613 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM
Name: SCHWARTZ, KERRY M MD
Address: 1613 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: S
Name: MILUNSKI, MARK R MD
Address: 1613 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

Title: MGRM
Name: SAENZ, CARLOS B MD
Address: 1613 N MILLS AVENUE
City-St-Zip: ORLANDO, FL 32803 US

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: FRANCIS J. FAHEY, MD

P

07/07/2011

Electronic Signature of Signing Officer or Director

Date

FLORIDA HEART GROUP, P. A.
DOCUMENT #H73203
ADDITIONAL OFFICERS LISTING

Name And Address #7

Title MGRM
Name (Last, First, Middle, Title) WEAVER, CURTIS, J, MD
Street Address 1613 N MILLS AVENUE
City, State ORLANDO, FL
Zip Code & Country 32803 US

Name And Address #8

Title MGRM
Name (Last, First, Middle, Title) SEIFEIN, HANI, MD
Street Address 1613 N MILLS AVENUE
City, State ORLANDO, FL
Zip Code & Country 32803 US

Name And Address #9

Title MGRM
Name (Last, First, Middle, Title) GUERRERO, PATRICIA, A, MD
Street Address 1613 N MILLS AVENUE
City, State ORLANDO, FL
Zip Code & Country 32803 US

Name And Address #10

Title MGRM
Name (Last, First, Middle, Title) CEN, PUXAIO, MD
Street Address 1613 N MILLS AVENUE
City, State ORLANDO, FL
Zip Code & Country 32803 US

Name And Address #11

Title MGRM
Name (Last, First, Middle, Title) ARIAS, JOSE, MD
Street Address 1613 N MILLS AVENUE
City, State ORLANDO, FL
Zip Code & Country 32803 US

Name And Address #12

Title MGRM
Name (Last, First, Middle, Title) CURRY, R CHARLES, JR, MD
Street Address 1613 N MILLS AVENUE
City, State ORLANDO, FL
Zip Code & Country 32803 US