

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2008 08:00 AM
Secretary of State**DOCUMENT # P00000097954**

1. Entity Name

ADVANCED CARDIOLOGY SPECIALISTS, P.A.



Principal Place of Business

7300 SANDLAKE COMMONS BLVD
STE 106
ORLANDO, FL 32819

Mailing Address

7300 SANDLAKE COMMONS BLVD
STE 106
ORLANDO, FL 32819

04212008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
59-3675389Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**DIN, SALAH U.M.D.
7300 SANDLAKE COMMONS BLVD
STE 106
ORLANDO, FL 32819**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesU000000927350
05/20/08-80102-015 150.00**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	DIN, SALAH U
STREET ADDRESS	7300 SANDLAKE COMMONS BLVD STE 106
CITY- ST- ZIP	ORLANDO, FL 32819

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
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STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/08