

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90003 016 \*\*\*150.00

**DOCUMENT # P94000031218**

1. Entity Name  
**CARDIOVASCULAR SPECIALISTS, P.A.**



Principal Place of Business  
**305 N MANGOUSTINE AVE  
STE 200  
SANFORD, FL 32771 US**

Mailing Address  
**305 N MANGOUSTINE AVE  
STE 200  
SANFORD, FL 32771 US**

**54060185**



07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3238016</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CHIDA, MUBEEN H  
305 N. MALNGOUSTINE AVE  
STE 102  
SANFORD, FL 32771**

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. ☒

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CHIDA, MUBEEN H 305 N. MAGOUSTINE AVE SANFORD, FL 32771</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SHAHNAZ, CHIDA MD 305 N. MANGOUSTINE AVE SANFORD, FL 32771</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-30-04 (407) 321-1415**