2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P94000031218 CARDIOVASCULAR SPECIALISTS, P.A.



FILED May 01, 2006 08:00 Al **Secretary of State**

Principal Place of Business

Mailing Address

305 N MANGOUSTINE AVE STE 200 SANFORD, FL 32771 US 305 N MANGOUSTINE AVE

STE 200

SANFORD, FL 32771 US



DO N	OT	WRITE	IN	THIS	SPAC	Ε
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CR2E034 (11/05) 04272006 No Chg-P

4. FEI Number 59-3238016 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

5. 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

			1				
	e named entity submits this statement for the pations of registered agent.	urpose of changing	its registered o	ffice or r	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE					e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIDA, MUBEEN H 305 N. MAGOUSTINE AVE SANFORD, FL 32771					U00000545390	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAHNAZ, CHIDA MD 305 N. MANGOUSTINE AVE SANFORD, FL 32771					05/11/06-80075-010.150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					DO	NOT WRITE	
TITLE NAME Street address City-St-Zip					IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - 7/P							

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:

SHAHNAZ CHIDA H.D.

407 321-1415