# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2007 8:00 am**
**Secretary of State**
04-18-2007 90177 044 ***150.00

DOCUMENT # P94000031218

1. Entity Name
CARDIOVASCULAR SPECIALISTS, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 305 N MANGOUSTINE AVE<br>STE 200<br>SANFORD, FL 32771 US | 305 N MANGOUSTINE AVE<br>STE 200<br>SANFORD, FL 32771 US |

**DO NOT WRITE IN THIS SPACE**

03262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3238016
☐ Applied For
☐ Not Applicable

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 ~~182~~ 200
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2007 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | CHIDA, MUBEEN H |
| STREET ADDRESS | 305 N. MAGOUSTINE AVE STE 200 |
| CITY-ST-ZIP | SANFORD, FL 32771 |
| TITLE | S |
| NAME | SHAHNAZ, CHIDA MD |
| STREET ADDRESS | 305 N. MANGOUSTINE AVE STE 200 |
| CITY-ST-ZIP | SANFORD, FL 32771 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 M.D. 4.6.07 407 321-1464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #