


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT #*P94000031218 1. Entity Name CARDIOVASCULAR SPECIALISTS, P.A.	
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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
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01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3238016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CHIDA, MUBEEN H 305 N. MALNGOUSTINE AVE SUITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000911277
05/07/08-80034-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIDA, MUBEEN H 305 NORTH MAGOUSTINE AVE #200 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAHNAZ, CHIDA MD 305 NORTH MAGOUSTINE AVE #200 SANFORD, FL 32771
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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:  **SHAHNAZ CHIDA M.D.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-08 **907 321-1415**
Date Daytime Phone #