

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90460 046 ***150.00

DOCUMENT # P98000098128					
1. Entity Name MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.					
Principal Place of Business 1511 S.W. 1ST AVE. OCALA, FL 34474			Mailing Address PO DRAWER 3130 OCALA, FL 34478		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3543180	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTIE, PAUL G M.D. 1511 S.W. 1ST AVE. OCALA, FL 34474				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROBERTIE, PAUL G M.D. 1511 S.W. 1ST AVE. OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMIRE, VINCENT M.D. 1511 S.W. 1ST AVE. OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, DANIEL B 1511 SW 1ST AVE OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRISON, LAWRENCE R 1511 SW 1ST AVE OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHURLKNIGHT, STEPHEN 1511 SW 1ST AVE OCALA, FL 34474	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☒ Addition Deputat, MIKHAIL 1511 SW 1st Avenue Ocala FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKOWSKI, S. MICHAEL 1511 SW 1ST AVENUE OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Change ☒ Addition Elhaushy, Abdel H. 1511 SW 1st Avenue Ocala FL 34474	
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: <i>Vincent C Palmire Jr.</i>			04-26-2007 352-867-8311		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		