

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098128

FILED
Feb 28, 2012
Secretary of State

Entity Name: MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES, P.A.

Current Principal Place of Business:

1511 S.W. 1ST AVE.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

PO DRAWER 3130
OCALA, FL 34478 US

New Mailing Address:

FEI Number: 59-3543180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORTES, JOSE ESQ
4 SE BROADWAY
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MGR
Name: ROBERTIE, PAUL G M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: PALMIRE, VINCENT C M.D.
Address: 1511 S.W. 1ST AVE.
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: REED, CHRISTOPHER
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471

Title: MGR
Name: HARRISON, LAWRENCE R
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

Title: MGR
Name: DEPUTAT, MIKHAIL M.D.
Address: 1511 SW 1ST AVE
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT PALMIRE, M.D.

MGR

02/28/2012

Electronic Signature of Signing Officer or Director

Date