

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F64894

**Entity Name:** CARDIOLOGY PHYSICIANS, P.A.

**Current Principal Place of Business:**

305 MEMORIAL MEDICAL PKWY.  
SUITE 301  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

305 MEMORIAL MEDICAL PKWY.  
SUITE 301  
DAYTONA BEACH, FL 32117 US

**FEI Number:** 59-2163944

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLAYER AND ASSOCIATES, INC.  
1275 W. GRANDA BLVD  
SUITE 4C  
ORMOND BEACH, FL 32174 US

*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:** GARRETT KLAYER

02/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ARAB, DINESH MD  
Address 305 MEMORIAL MEDICAL PKWY., STE 301  
City-State-Zip: DAYTONA BEACH FL 32117

Title PRESIDENT  
Name HENDERSON, DAVID A M.D.  
Address 305 MEMORIAL MEDICAL PKWY., STE 301  
City-State-Zip: DAYTONA BEACH FL 32117

Title TREASURER  
Name JAMIDAR, HUMAYUN, A., M.D.  
Address 311 N. CLYDE MORRIS BLVD., STE.320  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name QUADRAT, OTAKAR M.D.  
Address 311 N. CLYDE MORRIS BLVD., STE. 320  
City-State-Zip: DAYTONA BEACH FL 32174

Title AR  
Name KLAYER, GARRETT J CPA  
Address 1275 W. GRANDA BLVD SUITE 4C  
City-State-Zip: ORMOND BEACH FL 32174

*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:** JOHN LUTZ

ADMINISTRATOR

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date