

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G30409

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

**Current Principal Place of Business:**

483 N. SEMORAN BLVD  
SUITE 102  
WINTER PARK, FL 32792

**Current Mailing Address:**

483 N. SEMORAN BLVD  
SUITE 205  
WINTER PARK, FL 32792 US

**FEI Number:** 59-2262342

**Certificate of Status Desired:** No

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

BAJAJ, SANDEEP M.D.  
483 N. SEMORAN BLVD  
SUITE 205  
WINTER PARK, FL 32792 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BAJAJ, SANDEEP  
Address 483 N. SEMORAN BLVD, SUITE 205  
City-State-Zip: WINTER PARK FL 32792

Title TD  
Name REDDY, KARAN  
Address 483 N. SEMORAN BLVD, SUITE 205  
City-State-Zip: WINTER PARK FL 32792

Title SD  
Name MANUBENS, CLAUDIO  
Address 483 N. SEMORAN BLVD, SUITE 205  
City-State-Zip: WINTER PARK FL 32792

*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:** SANDEEP BAJAJ

**OFFICER**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date