

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079112

Entity Name: CARDIAC & ENDOVASCULAR SPECIALISTS, P.A.**Current Principal Place of Business:**7011 AC SKINNER PARKWAY, STE-160
JACKSONVILLE, FL 32256**Current Mailing Address:**4320 DEERWOOD LAKE PKY #101
JACKSONVILLE, FL 32216 US**FEI Number:** 26-3542274**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AL-SAGHIR, YOUSSEF
4320 DEERWOOD LAKE PKY #101
JACKSONVILLE, FL 32216 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	D
Name	AL-SAGHIR, YOUSSEF
Address	4320 DEERWOOD LAKE PKY 101
City-State-Zip:	JACKSONVILLE FL 32216

Title	PRESIDENT
Name	AL-SAGHIR, YOUSSEF
Address	4320 DEERWOOD LAKE PKY #101
City-State-Zip:	JACKSONVILLE FL 32216

Title	SECRETARY
Name	AL-SAGHIR, YOUSSEF
Address	4320 DEERWOOD LAKE PKY #101
City-State-Zip:	JACKSONVILLE FL 32216

Title	TREASURER
Name	AL-SAGHIR, YOUSSEF
Address	4320 DEERWOOD LAKE PKY #101
City-State-Zip:	JACKSONVILLE FL 32216

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: YOUSSEF AL-SAGHIR**PRESIDENT****04/14/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date