

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098128

Entity Name: MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES,
P.A.**FILED**
Apr 06, 2019
Secretary of State
3768314902CC**Current Principal Place of Business:**150 SE 17TH ST.
#503
OCALA, FL 34471**Current Mailing Address:**150 SE 17TH ST.
#503
OCALA, FL 34471 US**FEI Number: 59-3543180****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GOODING, W. JAMES III
1531 SE 36 AVENUE
OCALA, FL 34471 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: W. JAMES GOODING III****04/06/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title MGR
Name ROBERTIE, PAUL GM.D.
Address 1511 S.W. 1ST AVE.
City-State-Zip: Ocala FL 34471Title MGR
Name PALMIRE, VINCENT CM.D.
Address 1511 S.W. 1ST AVE.
City-State-Zip: Ocala FL 34471Title MGR
Name REED, CHRISTOPHER
Address 1511 SW 1ST AVE
City-State-Zip: Ocala FL 34471Title MGR
Name HARRISON, LAWRENCE R
Address 1511 SW 1ST AVE
City-State-Zip: Ocala FL 34471Title MGR
Name DEPUTAT, MIKHAIL M.D.
Address 1511 SW 1ST AVE
City-State-Zip: Ocala FL 34471

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**PRESIDENT****04/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date