

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000098128

Entity Name: MID FLORIDA CARDIOVASCULAR ANESTHESIA ASSOCIATES,
P.A.**FILED**
Feb 28, 2013
Secretary of State
CC3841261484**Current Principal Place of Business:**1511 S.W. 1ST AVE.
OCALA, FL 34471**Current Mailing Address:**PO DRAWER 3130
OCALA, FL 34478 US**FEI Number: 59-3543180****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORTES, JOSE ESQ
4 SE BROADWAY
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	MGR	Title	MGR
Name	ROBERTIE, PAUL GM.D.	Name	PALMIRE, VINCENT CM.D.
Address	1511 S.W. 1ST AVE.	Address	1511 S.W. 1ST AVE.
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	MGR	Title	MGR
Name	REED, CHRISTOPHER	Name	HARRISON, LAWRENCE R
Address	1511 SW 1ST AVE	Address	1511 SW 1ST AVE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	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, M.D.**PARTNER****02/28/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date