

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F45747

Entity Name: CITRUS CARDIOLOGY CONSULTANTS, P.A.**Current Principal Place of Business:**308 W. HIGHLAND BLVD
INVERNESS, FL 34452**Current Mailing Address:**308 W. HIGHLAND BLVD
INVERNESS, FL 34452 US**FEI Number: 59-2123944****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**STARK, STEPHEN HMD
308 W. HIGHLAND BLVD
INVERNESS, FL 34452 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 VP
Name WALKER, DENNIS J DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title VP
Name TRIGO, GISELA DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title VP
Name DELFIN, LUIS DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title VP
Name GONZALEZ, JAVIER M. DR.
Address 910 OLD CAMP ROAD
BLDG 210
City-State-Zip: THE VILLAGES FL 32162

Title VP
Name ATTANTI, SRINIVAS DR.
Address 910 OLD CAMP ROAD
BLDG 210
City-State-Zip: THE VILLAGES FL 32162

Title VP
Name MIRYALA, VINOD DR.
Address 910 OLD CAMP ROAD
BLDG 210
City-State-Zip: THE VILLAGES FL 32162

Title PRESIDENT
Name STARK, STEPHEN H. DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

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: STEPHEN H. STARK, MD**PRESIDENT****02/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date