## 2018 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: No

Name and Address of Current Registered Agent:

DELOACH, JERRALD W. 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: JERRALD W. DELOACH 03/09/2018

Electronic Signature of Registered Agent

Date

**FILED** Mar 09, 2018

**Secretary of State** 

CC8986028432

Officer/Director Detail:

Title Title VΡ

TRIGO, GISELA DR. DELFIN, LUIS DR. Name Name

308 W. HIGHLAND BLVD Address Address 308 W. HIGHLAND BLVD City-State-Zip: INVERNESS FL 34452 INVERNESS FL 34452 City-State-Zip:

VΡ Title Title VΡ

ATTANTI, SRINIVAS DR. Name GONZALEZ, JAVIER M. DR. Name

Address 910 OLD CAMP ROAD Address 910 OLD CAMP ROAD **BLDG 210 BLDG 210** 

City-State-Zip: THE VILLAGES FL 32162 THE VILLAGES FL 32162 City-State-Zip:

Title VΡ Title **PRESIDENT** 

Name STARK, STEPHEN H. DR. MIRYALA, VINOD DR. Name Address 308 W. HIGHLAND BLVD 910 OLD CAMP ROAD Address

> **BLDG 210** City-State-Zip: INVERNESS FL 34452

THE VILLAGES FL 32162 City-State-Zip:

Title VΡ VΡ Title

Name SALUCK, BRIAN DR.

Name KANNAM, HARI DR. Address 910 OLD CAMP ROAD Address

308 W. HIGHLAND BLVD **BLDG 210** 

THE VILLAGES FL 32162 City-State-Zip: City-State-Zip: **INVERNESS FL 34452** 

## Continues on page 2

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.

03/09/2018 SIGNATURE: VINOD MIRYALA **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title VP

Name RIVERO, ABEL DR.
Address 910 OLD CAMP ROAD

BLDG 210

City-State-Zip: THE VILLAGES FL 32162

Title VP

Name NERELLA, NISHANT K. DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title VP

Name PRASHAD, RAKESH DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title VP

Name ANSARI, MOHAMMAD DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title VP, SECRETARY

Name PASUPULETI, SUMAN DR.
Address 308 W. HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452