2019 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 02/08/2019

Electronic Signature of Registered Agent

Date

FILED Feb 08, 2019

Secretary of State

1909460354CC

Officer/Director Detail:

Title Title VΡ

TRIGO, GISELA DR. GONZALEZ, JAVIER M. DR. Name Name

308 W. HIGHLAND BLVD Address Address 910 OLD CAMP ROAD

BLDG 210

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

Title VΡ

Title ATTANTI, SRINIVAS DR. Name

Name MIRYALA, VINOD DR. Address 910 OLD CAMP ROAD

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

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

Title VΡ

Title VΡ STARK, STEPHEN H. DR. Name

Name KANNAM, HARI DR. 308 W. HIGHLAND BLVD Address Address 308 W. HIGHLAND BLVD

City-State-Zip: INVERNESS FL 34452 City-State-Zip: INVERNESS FL 34452

VΡ Title Title VΡ

Name SALUCK, BRIAN DR. Name RIVERO, ABEL DR. Address

910 OLD CAMP ROAD Address 910 OLD CAMP ROAD BI DG 210

BLDG 210

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

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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.

02/08/2019 SIGNATURE: SUMAN PASUPULETI **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP Title VP

NameANSARI, MOHAMMAD DR.NameNERELLA, NISHANT K. DR.Address308 W. HIGHLAND BLVDAddress308 W. HIGHLAND BLVDCity-State-Zip:INVERNESS FL 34452City-State-Zip:INVERNESS FL 34452

Title PRESIDENT Title VP

NamePASUPULETI, SUMAN DR.NamePRASHAD, RAKESH DR.Address308 W. HIGHLAND BLVDAddress308 W. HIGHLAND BLVDCity-State-Zip:INVERNESS FL 34452City-State-Zip:INVERNESS FL 34452