2021 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

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	E: JERRALD W. DELOACH			02/03/2021
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	GONZALEZ, JAVIER M. DR.	Name	ATTANTI, SRINIVAS DR.	
Address	910 OLD CAMP ROAD BLDG 210	Address	910 OLD CAMP ROAD BLDG 210	
City-State-Zip:	THE VILLAGES FL 32162	City-State-Zip:	THE VILLAGES FL 32162	
Title	VP	Title	VP	
Name	MIRYALA, VINOD DR.	Name	STARK, STEPHEN H. DR.	
Address	910 OLD CAMP ROAD	Address	308 W. HIGHLAND BLVD	
City-State-Zip:	BLDG 210 THE VILLAGES FL 32162	City-State-Zip:	INVERNESS FL 34452	
Title	VP	Title	VP	
Name	KANNAM, HARI DR.	Name	SALUCK, BRIAN DR.	
Address	308 W. HIGHLAND BLVD	Address	910 OLD CAMP ROAD BLDG 210	
City-State-Zip:	INVERNESS FL 34452	City-State-Zip:	THE VILLAGES FL 32162	
Title	VP	Title	VP	
Name	RIVERO, ABEL DR.	Name	ANSARI, MOHAMMAD DR.	
Address	910 OLD CAMP ROAD	Address	308 W. HIGHLAND BLVD	
City Stata Zing	BLDG 210 THE VILLAGES FL 32162	City-State-Zip:	INVERNESS FL 34452	
City-State-Zip:	THE VILLAGES FL 32102		•	

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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.

SIGNATURE: JAVIER M. GONZALEZ

PRESIDENT

02/03/2021

Electronic Signature of Signing Officer/Director Detail

FILED Feb 03, 2021 Secretary of State 1204732205CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	VP	Title	VP
Name	NERELLA, NISHANT K. DR.	Name	PASUPULETI, SUMAN DR.
Address	308 W. HIGHLAND BLVD	Address	308 W. HIGHLAND BLVD
City-State-Zip:	INVERNESS FL 34452	City-State-Zip:	INVERNESS FL 34452
Title	VP	Title	VP
Title Name	VP PRASHAD, RAKESH DR.	Title Name	VP TOPI, BERNARD DR.
Name	PRASHAD, RAKESH DR.	Name	TOPI, BERNARD DR. 308 W. HIGHLAND BLVD