

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 15 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 600835	
1. Entity Name CENTRAL FLORIDA CARDIOLOGY GROUP, P.A.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 E. Colonial Dr Suite, Apt. #, etc.	3. Mailing Address 500 E. Colonial Dr Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-1232309	Applied For ☐ Not Applicable
Zip 32803	Country USA	Zip 32803	Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Andrew S. Taussig, M.D.
Street Address (P.O. Box Number is Not Acceptable)
500 E. Colonial Drive
City Orlando FL Zip Code 32803

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Andrew S. Taussig, M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Taussig, Andrew S. 500 E. Colonial Drive, Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100015495331 04/09/03--01011--001 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Story, William E. 500 E. Colonial Drive, Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Pollak, Scott J. 500 E. Colonial Drive, Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Whitworth, Hall B., Jr. 500 E. Colonial Drive, Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Rodriguez, A. Ralph 500 E. Colonial Drive, Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV May, Gregory A. 500 E. Colonial Drive, Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

gt 4/15