

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90009 008 ***150.00

DOCUMENT # 671820

1. Entity Name
CENTER FOR PLASTIC AND RECONSTRUCTIVE SURGERY A

Principal Place of Business 2501 N. ORANGE AVE., SUITE 310 ORLANDO FL 32804	Mailing Address 2501 N. ORANGE AVE., SUITE 310 ORLANDO FL 32804-4642
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1999785		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
PETERS, CALVIN R., M.D. 2501 N. ORANGE AVE., SUITE 310 ORLANDO FL 32804				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERS, CALVIN R, M.D. 2501 N. ORANGE AVE #310 ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Calvin R. Peters* **CALVIN R. PETERS, M.D.** **(407) 898-1436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/99)



Attachment
OH# 671820
DW68432

CENTER FOR PLASTIC &
RECONSTRUCTIVE SURGERY
A Professional Association

Calvin R. Peters, M.D.

June 26, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please be advised that the enclosed form was inadvertently delayed due to my recent illness and cardiac surgery. Enclosed find a copy of my disability letter from the cardiologist. Unfortunately, I was still in the recovery phase and working under a disability at the time this payment was due.

Your understanding of this matter was greatly appreciated. Please feel free to contact me if this explanation is insufficient.

Yours very truly,


Calvin R. Peters, M.D.

CRP:eb
Enclosures



Attachment
Off 671820
00067422

CENTRAL FLORIDA



CARDIOLOGY GROUP, P.A.

500 East Colonial Drive, Orlando, FL 32803
4106 W. Lake Mary Blvd., #312, Lake Mary, FL 34746

Phone: (407) 841-7151 • 1 (800) 647-2657
Phone: (407) 333-2142

December 13, 1999

RE: Calvin Peters, M.D.

To Whom It May Concern:

Dr. Calvin Peters suffered an acute myocardial infarction November 26, 1999, followed by urgent cardiac catheterization, intra aortic balloon pumping and urgent coronary artery bypass grafting. He has been unable to work since that time as a result of that surgery.

If there are any further questions, please do not hesitate to contact me.

Sincerely,

Andrew S. Taussig, M.D., FACC

cc: Calvin Peters, M.D.
467 Lakewood Dr.
Winter Park, FL 32789

MICHAEL A. NOCERO, JR., M.D., F.A.C.C.
JOSE E. SECO, M.D., F.A.C.C., F.C.C.P.
WILLIAM E. STORY, M.D., F.A.C.C.
ANDREW S. TAUSSIG, M.D., F.A.C.C., F.C.C.P.
HALL B. WHITWORTH, JR., M.D., F.A.C.C.

KAREN G. CLONINGER, M.D., F.A.C.C.
SCOTT J. POLLAK, M.D., F.A.C.C.
A. RALPH RODRIGUEZ, M.D., F.A.C.C.
MICHAEL J. KEGAN, M.D., F.A.C.C.

GREGORY A. MAY, M.D., F.A.C.C.
LEONARD S. DREIFUS, M.D., F.A.C.C.
J. CRAIG BARNETT, M.D., F.A.C.C.
MICHAEL S. HARDEE, M.D.
ANIL KUMAR, M.D.