2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED Mar 06, 2000 8:00 am Secretary of State **DOCUMENT # F68420** Entity Name ** CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A. 03-06-2000 90125 037 ***150.00 Principal Place of Business Mailing Address 4130 TAMIAMI TRAIL, SUITE 100 4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE FL 33952-9207 PT. CHARLOTTE FL 33952 819164 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2171328 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARETT, ROBERT B. Street Address (P.O. Box Number is Not Acceptable) 4130 TAMIAMI TRAIL, SUITE 100 PORT CHARLOTTE 33952 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete TITLE ROSENFIELD, LOUIS D. NAME NAME 202 GEORGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE FL Addition Change ☐ Delete TITLE TITLE RUGGIERI, DAVID E. NAME NAME STREET ADDRESS 25188 MARION AVE, #1040 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PUNTA GORDA FL Change Addition TITLE ☐ Delete TITI F GARRETT, ROBERT B. NAME NAME STREET ADDRESS 22440 LAGUARDIA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL ☐ Change Addition ☐ Delete TITLE POPPER, PAUL M. NAME NAME STREET ADDRESS STREET ADDRESS 2100 JAMAICA WAY CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 opposition of the execute his report as required by Chipter 607, Plorida Statutes; and that my name appears in Block 11 or Block 12 if