## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Feb 20, 2001 8:00 am Secretary of State **DOCUMENT # F68420** 1. Entity Name CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A. 02-20-2001 90051 003 \*\*\*150.00 Principal Place of Business Mailing Address 4130 TAMIAMI TRAIL. SUITE 100 4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE FL 33952 PT. CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2171328 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRET Name-GARETT, ROBÈRT B. Street Address (P.O. Box Number is Not Acceptable) 4130 TAMIAMI TRAIL, SUITE 100 PORT CHARLOTTE FL 33952 Zip Code FL 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** 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TREAS. ☐ Addition TITLE ☐ Delete ROSENFIELD. LOUIS D. NAME NAME 24105 HARBORVIEW RD 202 GEORGE RD 24105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT. CHARLOTTE FL CITY-ST-ZIP 36¢. Addition TITLE Change TITLE ☐ Delete RUGGIERI, DAVID E. NAME NAME 25188 MARION AVE, #1040 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL CITY-ST-ZIP RES. ☐ Addition TITLE Delete TITI F Change GARRETT, ROBERT B. NĀME ~ NAME 22440 LAGUARDIA DR 1129 CONOVER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE FL CITY-ST-ZIP **發起.VICE PRES.** TITLE ☐ Delete TITLE M Change Addition POPPER, PAUL M. NAME NAME 2100 JAMAICA WAY STREET ADDRESS STREET ADDRESS PUNTA GORDA FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change **X** Addition BARRY KRAMER 1808 SANDBLUNG RD. NAME NAME STREET ADDRESS STREET ADDRESS SIBSTA KEY, SARASOTA CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not orgalify 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 signal are 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 vered.