2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an

SIGNATURE:

DOCUMENT # F68420 **Secretary of State** 1. Entity Name 03-13-2002 90032 003 ***150.00 CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A. Principal Place of Business Mailing Address 4130 TAMIAMI TRAIL, SUITE 100 4130 TAMIAMI TRAIL, SUITE 100 PT. CHARLOTTE FL 33952 PT. CHARLOTTE FL 33952 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2171328 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRETT, ROBERT B Street Address (P.O. Box Number is Not Acceptable) 4130 TAMIAMI TRAIL, SUITE 100 PORT CHARLOTTE FL 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01) Addition ☐ Change TITLE TITLE ☐ Delete ROSENFIELD, LOUIS D. NAME NAME CR2E034 24105 HARBOR VIEW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT. CHARLOTTE FL CITY-ST-ZIP Change ☐ Addition S VP ☐ Delete TITLE TITLE RUGGIERI, DAVID E. NAME NAME 2 MANDERSHAW LANE STREET ADDRESS 25100 MARION AVE. #1040 STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL CITY-ST-ZIP RVT Change Addition ☐ Delete TITLE NAME GARRETT, ROBERT B. NAME STREET ADDRESS STREET ADDRESS 1129 CONOVER STREET CITY-ST-ZIP CITY-ST-ZIP PT CHARLOTTE FL ☐ Change ☐ Addition WP P ☐ Delete TITLE POPPER, PAUL M. NAME NAME STREET ADDRESS 2100 JAMAICA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PUNTA GORDA FL b 5 ☐ Delete □ Change ☐ Addition TITLE TITLE NAME KRAMER, BARRY NAME STREET ADDRESS 7808 SANDERLINE ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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

FILED

Mar 13, 2002 8:00 am