

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90009 045 \*\*\*150.00

**DOCUMENT # G92578**

1. Entity Name  
**CARDIOLOGY ASSOCIATES, INC., DRS. POLLAK & DONSH**

*(Handwritten initials)*

Principal Place of Business      Mailing Address  
**2925 AVENTURA BLVD., STE. 300**      **2925 AVENTURA BLVD., STE. 300**  
**N. MIAMI BEACH FL 33180**      **N. MIAMI BEACH FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-2143684**      Applied For  
 Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLLAK, RICHARD MD**  
**2925 AVENTURA BLVD., SUITE 300**  
**N. MIAMI BEACH FL 33140**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**      10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>POLLAK, RICHARD H MD</b> <b>2925 AVENTURA BLVD, SUITE 300</b> <b>N. MIAMI BEACH FL 33180</b> <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	<b>DV</b> <b>DONSHIK, GARY R MD</b> <b>2925 AVENUTURA BLVD, SUITE 300</b> <b>N. MIAMI BEACH FL 33180</b> <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	<b>T</b> <b>LEVINE, JAY A MD</b> <b>2925 AVENTURA BLVD SUITE 300</b> <b>N MIAMI BCH FL</b> <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	<b>M</b> <b>RANLEY, DESIR M</b> <b>2925 AVENTURA BLVD STE 300</b> <b>N MIAMI BCH FL</b> <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	<b>D</b> <b>GARCIA, JUAN C MD</b> <b>2925 AVENTURA BLVD STE 300</b> <b>N MIAMI BCH FL</b> <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	<b>D</b> <b>NADER, RALPH G MD</b> <b>2925 AVENTURA BLVD STE 300</b> <b>N MIAMI BCH FL</b> <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:** SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)

Richard H. Pollak, M.D., F.A.C.P., F.A.C.C.  
Gary R. Donshik, M.D., F.C.C.P.  
Jay A. Levine, M.D., F.A.C.P., F.A.C.C., F.C.C.P.  
Ralph G. Nader, M.D., F.A.C.C., F.S.C.A.I., F.A.C.P.  
Ranley M. Desir, M.D., F.A.C.C.  
Juan C. Garcia, M.D., F.A.C.C., F.S.C.A.I., F.A.C.P.  
Anita Jones, M.D., F.A.C.C.  
B.U. Kirpalani, M.D.; F.C.C.P., F.A.C.C.  
H. Marcelo Vassolo, M.D.



Center for Advanced  
Cardiology

A Partnership of Professional Associations  
*State-of-the-Heart Health Care*

2925 Aventura Boulevard Suite 300  
Aventura, Florida 33180  
(305) 932-1777 Fax (305) 932-2947

4701 N. Meridian Ave. Suite 4102  
Miami Beach, Florida 33140  
(305) 532-6006 Fax (305) 532-5991

Attachment Doc# C792578  
COD 75706

August 17, 2001

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Fl 32314

Re: FEI Number 59-2143684

Document # G92578

Dear Sirs:

We have received a late filing UNIFORM BUSINESS REPORT form but we did not receive the first form. We would appreciate if you would abate the late fee and accept the \$150.00 check that is enclosed.

Thank you for your consideration.

Very truly,

Maria Dickstein  
Administrator