

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

0414025

**DOCUMENT # K05602**

1. Entity Name

**HEART CENTER OF SARASOTA, INC.**

03-15-2001 90209 029 \*\*\*150.00

Principal Place of Business

**BLANKENSHIP, THOMAS  
 1540 S. TAMIAMI TRAIL  
 SARASOTA FL 34239  
 US**

Mailing Address

**BLANKENSHIP, THOMAS  
 1540 S. TAMIAMI TRAIL  
 SARASOTA FL 34239  
 US**

633814



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 **65-0018203**

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

**NATARAJAN, PONNUSWAMY M.D.  
 1540 S. TAMIAMI TRAIL  
 SARASOTA FL 34239**

Name

**RANDY B. HARTMAN, M.D.**

Street Address (P.O. Box Number is Not Acceptable)

**1540 S. TAMIAMI TRAIL**

City

**SARASOTA**

FL

Zip Code

**34239**

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

**RANDY B. HARTMAN, PRESIDENT**

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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	D	<input type="checkbox"/> Delete
NAME	HEPP, WALTER R	
STREET ADDRESS	1540 S TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEALY, COLLEEN	
STREET ADDRESS	1540 S TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREY, MARTIN J	
STREET ADDRESS	1540 S TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOSHY, MATHEW	
STREET ADDRESS	1540 S TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENSON, KENNETH	
STREET ADDRESS	1540 S TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BASNIGHT, MICHAEL	
STREET ADDRESS	1540 S TAMIAMI TR	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**MICHAEL BASNIGHT**

**3/13/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)