

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000101936

1. Entity Name

TAMPA HEART CENTER INC.

Principal Place of Business

13905 CAPTAIN REEF COVE
TAMPA FL 33624

Mailing Address

13905 CAPTAIN REEF COVE
TAMPA FL 33624

2. Principal Place of Business

Tampa Heart Center Inc.

Suite, Apt. 2727 W. Dr. M.L. King Blvd. #800
Tampa, FL 33607 (813) 875-1177

3. Mailing Address

Tampa Heart Center Inc.
2727 W. Dr. M.L. King Blvd. #800
Tampa, FL 33607 (813) 875-1177

City & State

City & State

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

LAVALLETTE, FRAN
HEALTHCARE FACILITATOR'S
820 GROVESMERE LOOP
OCFEE FL 34761

4. FEI Number

593680073

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

CARLOS C. MARINELLI, M.D.

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

Tampa Heart Center Inc.
2727 W. Dr. M.L. King Blvd. #800

City

Tampa, FL 33607 (813) 875-1177

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

3-28-01

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

TITLE ☐ Delete
NAME D. PRESIDENT
STREET ADDRESS MENDOZA, QUERUBIN
CITY-ST-ZIP 13905 CAPTAIN REEF COVE
TAMPA FL 33624

TITLE ☐ Delete
NAME VICE PRESIDENT
STREET ADDRESS CARLOS C. MARINELLI, M.D.
CITY-ST-ZIP 2727 W. DR. M.L. KING #800
TAMPA, FL 33607

TITLE ☐ Delete
NAME SECRETARY
STREET ADDRESS JOHN D. RAMIREZ, MD
CITY-ST-ZIP 2727 W. DR. M.L. KING #800
TAMPA, FL 33607

TITLE ☐ Delete
NAME TREASURER
STREET ADDRESS PETER ALAGONA, JR., MD
CITY-ST-ZIP 2727 W. DR. M.L. KING #800
TAMPA, FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2727 W. DR. M.L. KING #800
CITY-ST-ZIP TAMPA, FL 33607

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/01

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90121 014 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)