

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90117 027 \*\*\*150.00

**DOCUMENT # P01000037992**

1. Entity Name

**HEART CENTER, INC.**

Principal Place of Business

**1540 S TAMiami TRAIL  
 SARASOTA FL 34239**

Mailing Address

**1540 S TAMiami TRAIL  
 SARASOTA FL 34239**

2. Principal Place of Business

**1540 S Tamiami Trail**

Suite, Apt. #, etc.

3. Mailing Address

**1540 S Tamiami Trail**

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

City & State

**Sarasota, FL**

4. FEI Number

**65-1091945**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**BRELAU, CLAYTON  
 1540 S TAMiami TRAIL  
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name **Clayton Bredlau, MD - President**

Street Address (P.O. Box Number is Not Acceptable)  
**1540 S. Tamiami Trail**

City **Sarasota, FL 34239 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 **C. Bredlau MD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/25/02**

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, 2002 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	<b>TREASURER / Secretary</b> <input type="checkbox"/> Delete
NAME	<b>John R. Culp</b> <b>Director</b>
STREET ADDRESS	<b>1540 S. TAMiami TR</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>
TITLE	<b>President / Director</b> <input type="checkbox"/> Delete
NAME	<b>CLAYTON Bredlau</b>
STREET ADDRESS	<b>1540 S. TAMiami TR</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>
TITLE	<b>Director</b> <input type="checkbox"/> Delete
NAME	<b>Randy HARTMAN</b>
STREET ADDRESS	<b>1540 S. TAMiami TR</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>
TITLE	<b>Director</b> <input type="checkbox"/> Delete
NAME	<b>N. Mathew Koshy</b>
STREET ADDRESS	<b>1540 S. TAMiami TR</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>
TITLE	<b>Director</b> <input type="checkbox"/> Delete
NAME	<b>John Puleo</b>
STREET ADDRESS	<b>1540 S TAMiami TR</b>
CITY-ST-ZIP	<b>SARASOTA FL 34239</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/02 941-365-0433**

DATE

Daytime Phone #

CR2E034 (9/01)