

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90697 030 ***150.00

DOCUMENT # P01000039839

1. Entity Name
LONGWOOD CARDIOLOGY, P.A.



Principal Place of Business
**DOCTORS MEDICAL BUILDING
515 W ST RD 434 STE 101
LONGWOOD FL 32750**

Mailing Address
**DOCTORS MEDICAL BUILDING
515 W ST RD 434 STE 101
LONGWOOD FL 32750**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 207
City & State

Suite, Apt. #, etc.
SUITE 207
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3710414**

Applied For
Not Applicable

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

**AHMAR, WASIM
55 POINTE HASSI POINT
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
	D			☐					☐	☐
	AHMAR, WASIM MD									
	55 HASSI POINT									
	LONGWOOD FL 32779									
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

12. 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 10 or Block 11 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

3/4/03

Date

407 7678200

Daytime Phone #

CR2E034 (10/02)