

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000086489

1. Entity Name

CARDIOLOGY ASSOCIATES OF STUART, P.A.

**FILED**  
Feb 02, 2000 8:00 am  
**Secretary of State**

02-02-2000 90040 021 \*\*\*150.00

Principal Place of Business

Mailing Address

528 E. OSCEOLA STREET  
2ND FLOOR  
STUART FL 34994

528 E. OSCEOLA STREET  
STUART FL 34994-2322

*Change of Address*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1027 S.E. OCEAN BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1027 S.E. OCEAN BLVD.

Suite, Apt. #, etc.

City & State

STUART FL.

City & State

STUART FL.

4. FEI Number

65-0636090

Applied For

Not Applicable

Zip

Country

34996-2576 MARTIN

Zip

Country

34996-2576 MARTIN

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

HELFMAN, HOWARD  
8 RIDGELAND DRIVE  
STUART FL 34996

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.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS HELFMAN, HOWARD S MD  
CITY-ST-ZIP 8 RIDGELAND DRIVE  
STUART FL 34996

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS COTLER, ROBERT  
CITY-ST-ZIP 60 SOUTH RIVER ROAD  
STUART FL 34996

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00 561 781 0222

CR2E034 (9/99)