2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P93000086489

1. Entity Name

CARDIOLOGY ASSOCIATES OF STUART, P.A.

02 JUL 16 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended 7/11/02

Principal Place of Business	Mailing Address
1027 SE OCEAN BLVD STUART FL 34996-2576	1027 SE OCEAN BLVD STUART FL 34996-2576

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0636090 — Applied / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELFMAN, HOWARD
8 RIDGELAND DRIVE
STUART FL 34996

7. Name and Address of New Registered Agent

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HELFMAN, HOWARD S MD 8 RIDGELAND DRIVE STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO - Secretary Kenneth A. Merkatz 1027 SE Ocean Blvd Stuart FL 34996	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COTLER, ROBERT 60 SOUTH RIVER ROAD STUART FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CO- Secretary Kismore-Burton-Herm... 1027 SE Ocean Blvd Stuart FL 34996	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400006531014--2 -07/19/02--01050--023 *****61.25 *****61.25	☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐

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 inform... 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 di... 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 Blot... changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____ DATE: _____

Cardiology Associates of Stuart

1027 East Ocean Boulevard
Stuart, FL 34996-2576
Phone 772-781-0222 · Fax 772-781-0008

Robert P. Cotler, M.D., FACC
Howard S. Helfman, M.D., FACC, FSCAI
Kenneth A. Merkatz, M.D., FACC
Lismore B. Heron, M.D.

7-11-02

Attachment

DIVISION of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: P93000086489 65-0636090
Addition of Two Co-Secretaries

Please amend our current UBR 2002 to reflect the new additions. Please send a printout showing the updated change. Thank you for your assistance. Required fee of $61.25 is enclosed.

Howard S. Helfman MD, President