

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90285 049 ***158.75

DOCUMENT # P95000049348

1. Entity Name

CENTRAL FLORIDA HEART CENTER, P.A.

Principal Place of Business

**3310 SW 34TH ST
 Ocala FL 34474
 US**

Mailing Address

**3310 SW 34TH ST
 Ocala FL 34474
 US**

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 **59-3321229**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BABCOCK, RONALD J
 3310 SW 34TH ST
 Ocala FL 34474**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DRESEN, WILLIAM F.	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, RONALD	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MITTAL, VIJAY K.	
STREET ADDRESS	3301 SW 34TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAI, SWAROOP	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STONE, IRA M.	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUTANI, FREDRICK	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH R. ALONSA	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAYANTI PANCHAL	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SRINIVASA MURTHY	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANIS SHAMIRI	
STREET ADDRESS	3310 SW 34TH ST	
CITY-ST-ZIP	OCALA FL 34474	
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		

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: William F. Dresen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-01 (352)873-0707
 Date Daytime Phone #

WILLIAM F. DRESEN MD, PRESIDENT

CR2E034 (10/00)