

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000941

1. Entity Name  
FLORIDA HEART ASSOCIATES, P.L.

Principal Place of Business  
1390 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS FL 33919

Mailing Address  
1390 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS FL 33919

2. Principal Place of Business  
1550 BARKLEY CIRCLE

3. Mailing Address  
1550 BARKLEY CIRCLE

Suite, Apt. #, etc.

City & State  
FORT MYERS, FL

Zip  
33907

Country  
USA

4. FEI Number  
65-0690931

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ROSEN, JEFFREY H M.D.  
1390 ROYAL PALM SQUARE BOULEVARD  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent  
Name  
ROSEN, JEFFREY H. MD  
Street Address (P.O. Box Number is Not Acceptable)  
1550 BARKLEY CIRCLE  
City  
FORT MYERS FL  
Zip Code  
33907

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 9/27/01

(NOTE: Registered Agent signature required when reinstalling)

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BUTLER, JAMES D.O. 1390 ROYAL PALM SQUARE BOULEVARD FORT MYERS FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LICCINI, RAYMOND PAUL MD 1550 BARKLEY CIRCLE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CHARLES, NELSON L M.D. 1390 ROYAL PALM SQUARE BOULEVARD FORT MYERS FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM RUBIN, MICHAEL, R. MD 1550 BARKLEY CIRCLE FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HAGGMAN, DALE L D.O. 1390 ROYAL PALM SQUARE BOULEVARD FORT MYERS FL 33907	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM KSHETRAPAL, SUBHASH MD 1550 BARKLEY FORT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ZIEGLER, EDWARD CMD 1390 ROYAL PALM SQ. BLVD. FT. MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM TRITEL, HARVEY M.D. 1390 ROYAL PALM SQ. BLVD. FT. MYERS FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM HON, HENRY H M.D. 1390 ROYAL PALM SQ. BLVD. FT. MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/27/01 941-938-2109

Date Daytime Phone #

FILED

01 OCT -2 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)