

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 455518

1. Entity Name

INTERVENTIONAL CARDIOLOGISTS OF GAINESVILLE, P.A

FILED

02 FEB 28 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11541



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1131 NW 64TH TERRCE
GAINESVILLE FL 32605

Mailing Address

1131 NW 64TH TERRCE
GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1536350

Applied For

Not Applicable

Zip

Country

Zip

Country

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

IMPERI, GREGORY A. M.D.
1131 NW 64TH TERRACE
GAINESVILLE FL 32605

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	M IMPERI M.D., GREGORY A. 1131 NW 64TH TERR GAINESVILLE FL 32605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAFT M.D., STEVEN M. 1131 NW 64TH TERR GAINESVILLE FL 32605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN M.D., PRESTON T. 1131 NW 64TH TERRACE GAINESVILLE FL 32605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V QUADRAT, OTAKER 1131 NW 64TH TERRACE GAINESVILLE FL 32605	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PLAYAC, THOMAS G M.D. 1131 NW 64TH TERRACE GAINESVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOONS, JAY MD 1311 NW 84 TERR GAINESVILLE FL	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Partner Daniel VanRoy, MD (same)	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

900005181509
-04/02/02-01017-017

150.00 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 352-331-8570

CP-0004 (a/m)

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