

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 455991

1. Entity Name
CLINE CARDIOVASCULAR ASSOCIATES, P.A.



FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90205 049 ***150.00

80008102



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 5601 N DIXIE HWY FORT LAUDERDALE FL 33334		Mailing Address 5601 N DIXIE HWY FORT LAUDERDALE FL 33334	
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 59-1543384		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CLINE, ROBERT E. M.D. 5601 N DIXIE HWY FORT LAUDERDALE FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CLINE, ROBERT E M.D. 5601 N. DIXIE HIGHWAY, #209 FORT LAUDERDALE FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **X** *[Signature]* **SIGNATURE REQUIRED** **X 1/16/03** **X 954 942 7083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)