

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90102 039 ***150.00

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DOCUMENT # 479515

1. Entity Name
CARDIOLOGY ASSOCIATES OF GAINESVILLE, G. COOPER & ASSOCIATES, P.A.



Principal Place of Business
**1103 SW 2ND AVE
GAINESVILLE FL 32601**

Mailing Address
**1103 SW 2ND AVE
GAINESVILLE FL 32601**

2. Principal Place of Business
4645 NW 8TH AVENUE

3. Mailing Address
4645 NW 8TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number
59-1604618

Applied For
Not Applicable

Zip
32605

Country

Zip
32605

Country

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

6. Name and Address of Current Registered Agent

SILVERSTEIN, BURTON V
~~1103 SW 2ND AVE~~ **4645 NW 8TH AVENUE**
~~GAINESVILLE FL 32601~~ **GAINESVILLE, FL 32605**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SILVERSTEIN, BURTON V 1103 SW 2ND AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DILLON, MICHAEL, C 1103 SW 2ND AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROARK, STEVEN, F 1103 SW 2ND AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'MEARA, JAMES 1103 SW 2ND AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROS, BERNARD 1103 SW 2ND AVE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	4645 NW 8TH AVENUE GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4645 NW 8TH AVENUE GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	4645 NW 8TH AVENUE GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEM SMOCK, ANDREW L 4645 NW 8TH AVENUE GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/03 3751212
Date Daytime Phone #

CR2E034 (10/02)