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

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4645 NW 8TH AVENUE	4645 NW 8TH AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GAINESVILLE, FL	City & State: GAINESVILLE, FL
Zip: 32605 Country:	Zip: 32605 Country:

4. FEI Number 59-1604618 ☐ Applied For ☐ Not Applicable

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
SILVERSTEIN, BURTON V ~~1103 SW 2ND AVE~~ ~~GAINESVILLE FL 32601~~ 4645 NW 8TH AVENUE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD SILVERSTEIN, BURTON V 1103 SW 2ND AVE GAINESVILLE FL 32601	☐ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLON, MICHAEL, C 1103 SW 2ND AVE GAINESVILLE FL 32601	☐ Delete	 4645 NW 8TH AVENUE GAINESVILLE, FL 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROARK, STEVEN, F 1103 SW 2ND AVE GAINESVILLE FL 32601	☐ Delete	 4645 NW 8TH AVENUE GAINESVILLE, FL 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'MEARA, JAMES 1103 SW 2ND AVE GAINESVILLE FL 32601	☐ Delete	 4645 NW 8TH AVENUE GAINESVILLE, FL 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GROS, BERNARD 1103 SW 2ND AVE GAINESVILLE FL 32601	☐ Delete	 4645 NW 8TH AVENUE GAINESVILLE, FL 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DEM SMOCK, ANDREW L 4645 NW 8TH AVENUE GAINESVILLE, FL 32605	☐ Change ☒ Addition

CR2E034 (10/02)

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 3/21/03 375 1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #