

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 481394

1. Entity Name

SOUTHWEST FLORIDA HEART GROUP, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90145 037 ***150.00

Principal Place of Business

Mailing Address

8540 COLLEGE PKWY
FT. MYERS FL 33919
US

8540 COLLEGE PKWY
FT. MYERS FL 33919-5143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1614114

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

CHAZAL, RICHARD A
8540 COLLEGE PKWY
FT MYERS FL 33919

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, 2000 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 ☐ Delete
NAME STD
STREET ADDRESS CHAZAL, RICHARD A. M.D.
CITY-ST-ZIP 8540 COLLEGE PKWY
FT. MYERS FL

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS Dansby, Horace, III, M.D.
CITY-ST-ZIP 8540 College Parkway
Fort Myers FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS HOFFMAN, ELIOT, B. MD
CITY-ST-ZIP 8540 COLLEGE PKWY
FT MYERS FL

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS Schwartz, Daniel R., M.D.
CITY-ST-ZIP 8540 College Parkway
Fort Myers, FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS WEST, STEVEN, MD
CITY-ST-ZIP 8540 COLLEGE PKWY
FT MYERS FL

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS Burton, M. Erick, M.D.
CITY-ST-ZIP 8540 College Parkway
Fort Myers FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS CONRAD, JAMES A. M.D.
CITY-ST-ZIP 8540 COLLEGE PKWY
FORT MYERS FL

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS Axline, David, M.D.
CITY-ST-ZIP 8540 College Parkway
Fort Myers, FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS TOGGART, EDWARD J. M.D.
CITY-ST-ZIP 8540 COLLEGE PKWY
FORT MYERS FL

TITLE ☐ Change ☒ Addition
NAME VD
STREET ADDRESS Danzig, Michael D., M.D.
CITY-ST-ZIP 8540 College Parkway
Fort Myers, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-2000 941 433 8888

CR2E034 (9/99)