

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90059 018 ***150.00

DOCUMENT # 481394

1. Entity Name
SOUTHWEST FLORIDA HEART GROUP, P.A.



Principal Place of Business
**8540 COLLEGE PKWY
FT. MYERS FL 33919
US**

Mailing Address
**8540 COLLEGE PKWY
FT. MYERS FL 33919
US**



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 **59-1614114**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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. 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	STD CHAZAL, RICHARD . M.D. 8540 COLLEGE PKWY FT. MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, ELIOT, B, MD 8540 COLLEGE PKWY FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEST, STEVEN, MD 8540 COLLEGE PKWY FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONRAD, JAMES A. M.D. 8540 COLLEGE PKWY FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AXLINE, DAVID M.D. 8540 COLLEGE PARKWAY FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED FOR ADDITIONAL OFFICERS	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/03 239-433-8866

Date Daytime Phone #

CR2E034 (10/02)

Attachment

90068283
#481394

SOUTHWEST FLORIDA HEART GROUP, P.A.

FEI #59-1614114

ADDITIONAL OFFICERS AND DIRECTORS

TITLE: VD
NAME: BURTON, M. ERICK, M.D.
ADDRESS: 8540 COLLEGE PARKWAY
CITY-ST-ZIP: FORT MYERS, FL 33919

TITLE: VD
NAME: DANZIG, MICHAEL D., M.D.
ADDRESS: 8540 COLLEGE PARKWAY
CITY-ST-ZIP: FORT MYERS, FL 33919

TITLE: VD
NAME: KLINE, LAWRENCE A., M.D.
ADDRESS: 8540 COLLEGE PARKWAY
CITY-ST-ZIP: FORT MYERS, FL 33919

TITLE: VD
NAME: MILES, WILLIAM M., M.D.
ADDRESS: 8540 COLLEGE PARKWAY
CITY-ST-ZIP: FORT MYERS, FL 33919

TITLE: VD
NAME: SCHWARTZ, DANIEL R., M.D.
ADDRESS: 8540 COLLEGE PARKWAY
CITY-ST-ZIP: FORT MYERS, FL 33919

TITLE: VD
NAME: SPILKER, HERMAN L., M.D.
ADDRESS: 8540 COLLEGE PARKWAY
CITY-ST-ZIP: FORT MYERS, FL 33919