

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 511855

1. Entity Name

CORAL GABLES CARDIOLOGY ASSOCIATES, P.A.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90038 009 ***150.00

Principal Place of Business

495 BILTMORE WAY
CORAL GABLES FL 33134-5756

Mailing Address

495 BILTMORE WAY
CORAL GABLES FL 33134-5756

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 **59-1696035**

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

NEFF, EDWARD M.
495 BILTMORE WAY
CORAL GABLES FL

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	PDS	<input type="checkbox"/> Delete
NAME	NEFF, EDWARD M	
STREET ADDRESS	495 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEFF, EDWARD M	
STREET ADDRESS	495 BILTMORE WAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 all other like empowered.

SIGNATURE: *Edward M. Neff*

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-00 *305 443 5291*

CR2E034 (9/99)