

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 519039

1. Entity Name

PEDIATRIC CARDIOLOGY ASSOCIATES, M.D., P.A.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90286 047 ***150.00

Principal Place of Business

60 W GORE ST
SUITE 210
ORLANDO FL 32806
US

Mailing Address

60 W GORE ST
SUITE 210
ORLANDO FL 32806
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1706370**

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

RAPTOULIS, ARTHUR S.
60 W GORE ST
SUITE 210
ORLANDO FL 32806

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, 2001 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 PD
NAME RAPTOULIS, ARTHUR S.
STREET ADDRESS 138 WISTERIA DRIVE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE TSD
NAME Burzynski, Janusz B.
STREET ADDRESS 3823 Brantley Place Circle
CITY-ST-ZIP Apopka, FL 32703 ☒ Change ☐ Addition

TITLE SD
NAME NADKARNI, SHAILAJA S.
STREET ADDRESS 2128 ALAQUA DRIVE
CITY-ST-ZIP LONGWOOD FL 32779 ☒ Delete

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

TITLE TD
NAME BURZYNSKI, JANUSZ B
STREET ADDRESS 3823 BRANTLEY PLACE CIRCLE
CITY-ST-ZIP APOPKA FL 32703 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)