

2000 UNIFORM BUSINESS REPORT (UBR)

2/1/00 00001 039 0150 00 0150 00

DOCUMENT # 523564

1. Entity Name

CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CON

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-14-2000 90031 039 ***150.00

Principal Place of Business

Mailing Address

455 PINELLAS STREET
STE 400
CLEARWATER FL ~~33765~~ 33756
US

455 PINELLAS ST
STE 400
CLEARWATER FL 33756-3354
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1707138

Applied For
Not Applicable

Zip

Country

Zip

Country

33756

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

WILLIAMSON, MICHAEL D.
308 HARBORVIEW LN
LARGO FL 34640

Name

Street Address (P.O. Box Number is Not Acceptable)

113 DUFFWOOD

City **LARGO**

FL

Zip Code **33770**

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|-----------------------|---------------------|------------------------|-------|------|----------------|-------------|
| T | SOLA, RICHARD | 3020 TURTLEBROOK | CLEARWATER FL 33761 | | | | |
| P | WILLIAMSON, MICHAEL D | 308 HARBORVIEW LANE | LARGO FL 33770 | | | | |
| VP | PHILLIPS, PAUL L | 3 AMBLESIDE DR | BELLAIR FL 34616 | | | | zip 33756 |
| S | GALLASTEGUI, JOSE L. | 2233 DONATO DR | BELLEAIR BCH FL 33785 | | | | |
| V | SPRIGGS, DOUGLAS J | 1612 HAMPTON LANE | SAFETY HARBOR FL 34695 | | | | |
| V | LUCARELLA, VANESSA | 1540 GULF BLVD #301 | CLEARWATER FL 34630 | | | | zip 33767 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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: *Michael R. Williamson* **FREDERIC R. SIMMONS**
DATE: **2/7/00** DAYTIME PHONE #: **727-445-1992**

Michael Williamson President 3/17/00 (727) 445-1992

CR2E034 (9/99)