

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90083 045 ***150.00

0365787

DOCUMENT # 523564

1. Entity Name

CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CON

Principal Place of Business

Mailing Address

455 PINELLAS STREET
 STE 400
 CLEARWATER FL 33756
 US

455 PINELLAS ST
 STE 400
 CLEARWATER FL 33756
 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 **59-1707138**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMSON, MICHAEL D.
112 DRIFWOOD ST
LARGO FL 33770

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

Frederic R. Amadio
 FREDERIC R. AMADIO, JR.
 (as Agent for Administration)

4/4/01 727-445-1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)