

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90014 040 ***150.00

0453617 AV

DOCUMENT # 523564

1. Entity Name

CLEARWATER CARDIOVASCULAR AND INTERVENTIONAL CONSULTANTS, M.D., P.A.

Principal Place of Business

**455 PINELLAS STREET
STE 400
CLEARWATER FL 33756
US**

Mailing Address

**455 PINELLAS ST
STE 400
CLEARWATER FL 33756
US**

BU0000012



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

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.
112 DRIFFWOOD ST
LARGO FL 33770**

Name

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

1205 PALM VIEW AVENUE

City

CLEARWATER

FL

Zip Code

33756

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, 2002 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** ☐ Delete
NAME **SOLA, RICHARD**
STREET ADDRESS **3020 TURTLEBROOK**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **STEIN, BERNARDO**
STREET ADDRESS **7893 BAYOU CLUB BLVD.**
CITY-ST-ZIP **SEMINOLE FL 33777**

TITLE **P** ☐ Delete
NAME **WILLIAMSON, MICHAEL D**
STREET ADDRESS **308 HARBORVIEW LANE**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **WILLIAMSON, MICHAEL D.**
STREET ADDRESS **1205 PALM VIEW AVENUE**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **VP** ☐ Delete
NAME **PHILLIPS, PAUL L**
STREET ADDRESS **3-AMBLESIDE DR**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **PHILLIPS, PAUL L.**
STREET ADDRESS **34 NORTH PINE CIRCLE**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **S** ☐ Delete
NAME **GALLASTEGUI, JOSE L**
STREET ADDRESS **2233 DONATO DR**
CITY-ST-ZIP **BELLEAIR BCH FL 33785**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **NAVAS, JORGE P**
STREET ADDRESS **224 OSCEOLA ROAD**
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **V** ☐ Delete
NAME **SPRIGGS, DOUGLAS J**
STREET ADDRESS **1612 HAMPTON LANE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **FERNANDEZ, ALAND R.**
STREET ADDRESS **1310 PRESERVATION WAY**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **V** ☐ Delete
NAME **LUCARELLA, VANESSA**
STREET ADDRESS **1540 GULF BLVD #301**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **LUCARELLA, VANESSA J.**
STREET ADDRESS **811 BAYVIEW DRIVE**
CITY-ST-ZIP **CLEARWATER FL 33756**

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:

M. Williamson, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02
Date

727-445-1992
Daytime Phone #

CFR2034 (9/01)

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CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **HAZLITT, H. ANDREW**
STREET ADDRESS **2818 CHANCERY LANE**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE **P** ☐ Delete
NAME **WILLIAMSON, MICHAEL D**
STREET ADDRESS **308 HARBORVIEW LANE**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **HEPP, MARK J.**
STREET ADDRESS **3073 WOODSONG LANE**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **VP** ☐ Delete
NAME **PHILLIPS, PAUL L**
STREET ADDRESS **3 AMBLESIDE DR**
CITY-ST-ZIP **CLEARWATER FL 33756**

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
Doc # 523564
B0050574

DO NOT WRITE IN THIS SPACE