2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600883

1. Entity Name

GOODMAN CARDIOPULMONARY ASSOCIATES, M.D., P.A.

Country

GOODMAN, STANLEY S

333 NW 70 AVE STE 116 FT LAUDERDALE FL 33317

9. This corporation is eligible to satisfy its Intangible

GOODMAN, STANLEY S

333 NW 70 AVE STE 116

333 NW 70 AVE STE 116

333 NW 70 AVE STE 116

FT LAUDERDALE FL

BUHLER, ALAN S

FT LAUDERDALE FL

SHULMAN, JOEL S

FT LAUDERDALE FL

Tax filing requirement and elects to do so.

(See criteria on back)

PTD

VSD

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

 \Box

OFFICERS AND DIRECTORS

Principal Place of Business 333 NW 70 AVE STE 116 FT LAUDERDALE FL 33317

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-\$T-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

11.

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

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12.

TITLE NAME

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

Name

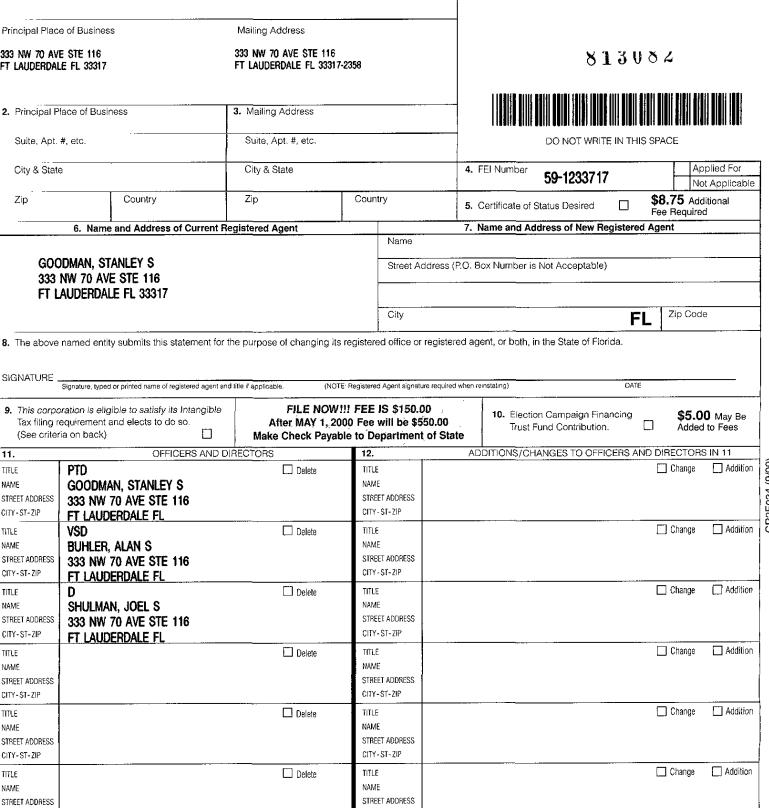
City

333 NW 70 AVE STE 116 FT LAUDERDALE FL 33317-2358

CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fling 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 supplied ental 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 report 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 attachine with all address, with all other like empowered.

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90016 019 ***150.00



SIGNATURE:

Goodman

Daytime Phone #