

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90274 031 ***150.00

DOCUMENT #

602089

1. Entity Name

Cardiology Associates of Orlando

Principal Place of Business

Mailing Address

SAME

60 West Gore Street

Orlando, FL 32806-1114

655992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1292958

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Greenwood, Scott D.

60 West Gore Street

Orlando, FL 32806-1114

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS Greenwood, Scott D.
CITY-ST-ZIP 60 West Gore St.
Orlando, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME S
STREET ADDRESS Gross, Howard E.
CITY-ST-ZIP 60 West Gore St.
Orlando, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME T
STREET ADDRESS Johnson, melvin J.
CITY-ST-ZIP 60 West Gore St.
Orlando, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME V
STREET ADDRESS Weinstein, Irwin R.
CITY-ST-ZIP 60 West Gore St.
Orlando, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME S
STREET ADDRESS Andreae, George E.
CITY-ST-ZIP 60 West Gore St.
Orlando, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME T
STREET ADDRESS Chapman, Enrique
CITY-ST-ZIP 60 West Gore St.
Orlando, FL 32806

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:

Irwin R. Weinstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00
Date

407-650-1300
Daytime Phone #

CR2E034 (9/99)

#602089

655992

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Domescek, Ronald R. 60 west Gore St. Orlando, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	65
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Duran, Aurelio 60 west Gore St. Orlando, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Alvarez, Luis 60 west Gore St. Orlando, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mantecon, Israel J. 60 west Gore St. Orlando, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Partain, Jonathan D. 60 west Gore St. Orlando, FL 32806	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	66
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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