

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90111 023 ***150.00

DOCUMENT # 602843

1. Entity Name

CARDIOLOGY ASSOCIATES OF FORT LAUDERDALE, P.A.



Principal Place of Business

**4725 N. FEDERAL HIGHWAY, SUITE 401
FT. LAUDERDALE FL 33308**

Mailing Address

**4725 N. FEDERAL HIGHWAY, SUITE 401
FT. LAUDERDALE FL 33308**



☒ CHECK HERE IF MAKING CHANGES

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

59-1358573

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUSIAL, BART B

4725 N. FEDERAL HIGHWAY, SUITE 401

FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Delete
NAME	RUSO CHARLES D. MD	
STREET ADDRESS	1880 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUSIAL, BART B MD	
STREET ADDRESS	1880 E. COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> Delete
NAME	GUZMAN, PABLO MD	
STREET ADDRESS	1880 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT. LAUDERALDE FL 33308	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ ALFRED J. MD	
STREET ADDRESS	1880 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MUNUSWAMY, KARAN MD	
STREET ADDRESS	1880 E COMMERCIAL BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CIOCI, LOIS J MD	
STREET ADDRESS	1880 E. COMMERCIAL BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4725 N Federal Hwy. #401	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4725 N Federal Hwy. #401	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4725 N Federal Hwy. #401	
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)