

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90019 013 ***150.00

2002103 AV

DOCUMENT # 603624

1. Entity Name

JAMES R. JUDE CARDIOVASCULAR PROFESSIONAL ASSOCIATION

Principal Place of Business

**200 EDGEWATER DRIVE
 MIAMI FL 33133**

Mailing Address

**200 EDGEWATER DRIVE
 MIAMI FL 33133**

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

59-1427439

Applied For

Not Applicable

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

**JUDE, JAMES R, DR
 200 EDGEWATER DR.
 MIAMI FL 33133**

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, 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 **PD** ☐ Delete
 NAME **JUDE, JAMES R. DR.**
 STREET ADDRESS **200 EDGEWATER DRIVE**
 CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JUDE, SALLYE**
 STREET ADDRESS **3661 S MIAMI AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **200 EDGEWATER DRIVE**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE **D** ☐ Delete
 NAME **JUDE, JOHN**
 STREET ADDRESS **3661 SOUTH MIAMI AVENUE**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **200 EDGEWATER DRIVE**
 CITY-ST-ZIP **CORAL GABLES FL 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02 305-772-5067

Date

Daytime Phone #

CR2E034 (9/01)