

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 650617

1. Entity Name

CORAL SPRINGS CARDIOLOGY ASSOCIATES, P.A.

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90042 039 ***150.00

0131335

Principal Place of Business

9800 W. SAMPLE RD.
SUITE A
CORAL SPRINGS FL 33065
US

Mailing Address

9800 W. SAMPLE RD.
SUITE A
CORAL SPRINGS FL 33065
US

715512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1972031

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

GARFIELD, GARY J., M.D.
9800 W. SAMPLE RD.
CORAL SPRINGS FL 33065

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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	GARFIELD, GARY J.	
STREET ADDRESS	9800 W. SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BERMAN, JULIAN L.	
STREET ADDRESS	9800 W. SAMPLE RD.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SABATES, EDUARDO C.	
STREET ADDRESS	9800 WEST SAMPLE ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY J. GARFIELD, MD

Date

2/6/01

Daytime Phone #

954-344-8700

CR2E034 (10/00)