

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725324

1. Entity Name

FLORIDA HEART INSTITUTE, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90143 023 ****61.25

Principal Place of Business

Mailing Address

601 E ROLLINS STREET
ORLANDO FL 32803
US

601 E ROLLINS STREET
ORLANDO FL 32803
US

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

59-2214935

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

~~BOHANNON, DON~~
601 E ROLLINS STREET
ORLANDO FL 32803

Name Andrew S. Taussig, MD, Florida Heart Inst.

Street Address (P.O. Box Number is Not Acceptable)
601 E. Rollins St.

City Orlando FL Zip Code 32803

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SCOTT, MEREDITH L MD ☒ Delete
STREET ADDRESS 217 HILLCREST ST
CITY-ST-ZIP ORLANDO FL

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

TITLE VD
NAME TAUSSIG, ANDREW S MD ☐ Delete
STREET ADDRESS 601 E ROLLINS STREET
CITY-ST-ZIP ORLANDO FL

TITLE President
NAME Andrew S. Taussig, MD ☒ Change ☐ Addition
STREET ADDRESS 601 E. Rollins St.
CITY-ST-ZIP Orlando, FL 32803

TITLE TD
NAME STOWE, CARY MD ☐ Delete
STREET ADDRESS 601 E ROLLINS ST
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE SD
NAME ACCOLA, KEVIN MD ☐ Delete
STREET ADDRESS 601 E ROLLINS ST
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME H. B. Karunaratne, MD ☐ Change ☒ Addition
STREET ADDRESS 601 E. Rollins St.
CITY-ST-ZIP Orlando, FL 32803

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 617, 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 filers empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/24/02

407-303-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)