## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 725324

1. Entity Name

## FLORIDA HEART INSTITUTE, INC.



**FILED** May 14, 2003 8:00 am Secretary of State

05-14-2003 90145 030 \*\*\*\*61.25

					100	7			
Principal Place of Business .  601 E ROLLINS STREET ORLANDO FL 32803		601 E Orlan	g Address ROLLINS STREET IDO FL 32803	<del></del>					
US		US					<b> </b>		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	e	City & State				4. FEI Number <b>59-2214935</b> Applied For Not Applicable			
Zip Country			0	Coun	ry	5. Certificate of St	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registere	ed Agent		Name	- 7. Name and Add	Iress of New Registered A	jent-	
601 E RC	, andrew s Ollins Street O FL 32803					ss (P.O. Box Number is I	Not Acceptable)		
					City		FL	Zip Cod	е
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	olicable. (NOTE			ulired when reinstating)	DATE Make Check		
1	FILE NOW: FEE 15 \$61.25		Trust Fund C	Contribution	n.	Added to Fees	Florida Departi		
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAUSSIG, ANDREW S 601 E. ROLLINS ST. ORLANDO FL 32801		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			<u> </u>	Addition
TITLE NAME STREET ADDRESS	VD TAUSSIG, ANDREW S MD 601 E ROLLINS STREET		Delete	TITLE NAME	ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP	ORLANDO FL		•	CITY-S	1				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STOWE, CARY MD 601 E ROLLINS ST ORLANDO FL 32803		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACCOLA, KEVIN MD 601 E ROLLINS ST ORLANDO FL 32803		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARUNARATNE, H.B 601 E. ROLLINS ST. ORLANDO FL 32803		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	į		□ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	1		T] Change	☐ Addition
12. I hereby of indicated of the cor changed	certify that the information surplied with l on this report or supplemental report is poration or the receiver of trustee emp , or on an attachment with an address,	this filing true and owered to with all of	does not qualify for accurate and that me execute this report for like empowered.	r the exem ny signatu as require	ption stated in e shall have t d by Chapter	n Section 119.07(3)(i), Flance the same legal effect as 617, Florida Statutes; an	orida Statutes. I further certii if made under oath; that I an id that my name appears in	y that the in an officer Block 10 or	nformation or director Block 11 if