

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009409 AT

DOCUMENT # **A01000001546**



FILED

03 APR -9 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Entity Name
ORLANDO CARDIOVASCULAR CENTER, LLLP

Principal Place of Business
**1405 SOUTH ORANGE AVE.
SUITE 120
ORLANDO FL 32806**

Mailing Address
**1405 SOUTH ORANGE AVE.
SUITE 120
ORLANDO FL 32806**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **31-1812724**

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

**CLO CONSULTING, INC.
1405 SOUTH ORANGE AVE.
SUITE 120
ORLANDO FL 32806**

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

9. Capital Contributions as Shown on record. **\$787,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P0100011464	ORLANDO HEART CENTER, INC.	1405 SOUTH ORANGE AVE.	ORLANDO FL 32806

STREET ADDRESS	CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ~~SIGNATURES REQUIRED~~ **Edward Santorian, V.P.**
Frank R. Wenstan 3/27/03 4074256226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)