

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000000911

1. Entity Name
CARDIOVASCULAR MANAGEMENT ASSOCIATES, LTD.



FILED

03 APR 18 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O KRAMER, GREEN, ZUCKERMAN & GREENE, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

Mailing Address
C/O KRAMER, GREEN, ZUCKERMAN & GREENE, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

2. Principal Place of Business
3001 NW 49th Avenue
Suite, Apt. #, etc.
104

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lauderdale Lakes

City & State

Zip
FL Country
USA

Zip Country

4. FEI Number
030470672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

KRAMER, ROBERT M
C/O KRAMER, GREEN, ZUCKERMAN & GREENE, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

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

DATE

9. Capital Contributions
as Shown on record. \$990.00

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
BREZING, RICHARD M.D.
3001 NW 49TH AVENUE, SUITE 304
LAUDERDALE LAKES FL 33313

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS
CITY-ST-ZIP
200016323462
04/18/03--01049--009 **150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
ROBERTS, HAROLD JR, M.D.
3001 NW 49TH AVENUE, SUITE 304
LAUDERDALE LAKES FL 33313

STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/03

Date

Daytime Phone #

CR2E003 (10/02)

0000962 AV