

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008649
AT

DOCUMENT # A99000001204

1. Entity Name
ATLANTIC CARDIOLINK, LTD.



FILED

03 MAY 12 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1305 S. HICKORY STREET
MELBOURNE FL 32901

Mailing Address
1305 S. HICKORY STREET
MELBOURNE FL 32901

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 59-3589124

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

7. Name and Address of New Registered Agent

KANCILIA, JOHN R ESQ.
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

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. \$9,700.00

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 # L99000004408
NAME MELBOURNE CARDIAC ASSOCIATES, L.C.
STREET ADDRESS 1305 S. HICKORY STREET
CITY-ST-ZIP MELBOURNE FL 32901

STREET ADDRESS
CITY-ST-ZIP 100016238661
04/18/03--01022--008 **151.75

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP 100016238661
05/13/03--01014--018 **4.90

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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/03 321-255-1500
Date Daytime Phone #

CR2E003 (10/02)