

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F08609

1. Entity Name

WILLIAM H. SHAW, M.D., P.A.

Principal Place of Business

MIAMI HEART INSTITUTE  
4701 MERDIAN AVE  
MIAMI FL 33141-2910  
US

Mailing Address

MIAMI HEART INSTITUTE  
4701 MERDIAN AVE MAIN BLG 1ST FL  
MIAMI FL 33140-2910  
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 59-2041858

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

SHAW, WILLIAM H.  
MIAMI HEART INSTITUTE MAIN BLD 1ST FL  
4701 MERDIAN AVE  
MIAMI BEACH FL 33140

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME PD  
STREET ADDRESS SHAW, WILLIAM H.  
CITY-ST-ZIP MIAMI HEART INSTITUTE 4701 MERDIAN AV  
MIAMI BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William H. Shaw, M.D., P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90492 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)