

2004 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90344 039 ***150.00

DOCUMENT # F 51364

1. Entity Name

RONALD J. Scheib, M.D., P.A.



DO NOT WRITE IN THIS SPACE

14001212

2. Principal Place of Business

4701 Meridian Ave.

Suite, Apt. #, etc.

Miami Heart Institute

3. Mailing Address

4701 Meridian Ave.

Suite, Apt. #, etc.

Miami Heart Institute

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach, FL

City & State

Miami Beach FL

4. FEI Number

59-2129608

Applied For

Not Applicable

Zip

Country

33140

U.S.

Zip

Country

33140

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Richard A. Golden

Street Address (P.O. Box Number is Not Acceptable)

11900 Biscayne Blvd.

Suite 301

City

North Miami,

FL

Zip Code

33181

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Scheib, Ronald J.
4701 Meridian Ave. #3103
Miami Beach, FL 33140

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04

305-674-3088

CR2E034B (12/02)