FILED
May 13, 2003 8:00 am
Secretary of State
05-13-2003 90050 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F51364

1. Entity Name
RONALD J. SCHEIB, M.D., P.A.

Principal Place of Business	Mailing Address
4701 MERIDIAN AVE. MIAMI HEART INSTITUTE MIAMI BCH., FL 33140	4701 MERIDIAN AVE. MIAMI HEART INSTITUTE MIAMI BCH., FL 33140

☐ CHECK HERE IF MAKING CHANGES

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 59-2129608 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDEN, RICHARD A.
11900 BISCAYNE BLVD.
SUITE 301
NORTH MIAMI, FL 33181

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEIB, RONALD J 4701 MERIDIAN AVE. MIAMI BCH., FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald J. Scheib, M.D. 5/8/2003 305-674-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
90133648

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

MIAMI HEART INSTITUTE • 4701 MERIDIAN AVENUE • SUITE 3103 • MIAMI BEACH, FLORIDA 33140
TELEPHONE (305) 674-3088 • FAX (305) 674-3074

Ronald J. Scheib, M.D., F.A.C.C.
Cardiology

May 8, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 2003 Uniform Business Report
Document #F 51364

To Whom It May Concern:

Enclosed please find UBR form and check for $150.00.

As per your Staff member, Drew F., I am writing to inform you that the original form was never received by us. She assured us this letter of explanation along with the UBR form and check would suffice.

Yours truly,

Ronald J. Scheib, M.D.

enc.