

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90050 003 ***150.00

DOCUMENT # F51364	
1. Entity Name RONALD J. SCHEIB, M.D., P.A.	

Principal Place of Business 4701 MERIDIAN AVE. MIAMI HEART INSTITUTE MIAMI BCH., FL 33140	Mailing Address 4701 MERIDIAN AVE. MIAMI HEART INSTITUTE MIAMI BCH., FL 33140
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

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
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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 _____ (NOTE: Registered Agent Signature Required when replacing) 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
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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

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 Cayman Phone #

10002

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

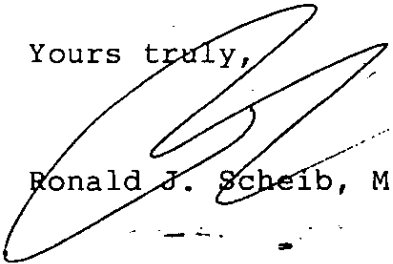
RE: 2003 Uniform Business Report
Document #F 51364

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.