

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90032 003 ***150.00

DOCUMENT # F68420

1. Entity Name
CARDIOLOGY ASSOCIATES OF CHARLOTTE COUNTY, P.A.

Principal Place of Business
**4130 TAMiami TRAIL, SUITE 100
 PT. CHARLOTTE FL 33952**

Mailing Address
**4130 TAMiami TRAIL, SUITE 100
 PT. CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2171328

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**GARRETT, ROBERT B
 4130 TAMiami TRAIL, SUITE 100
 PORT CHARLOTTE FL 33952**

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	T ROSENFELD, LOUIS D. 24105 HARBOR VIEW ROAD PT. CHARLOTTE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUGGIERI, DAVID E. 65108 MARION AVE, #1040 PUNTA GORDA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RVT GARRETT, ROBERT B. 1129 CONOVER STREET PT CHARLOTTE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POPPER, PAUL M. 2100 JAMAICA WAY PUNTA GORDA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KRAMER, BARRY 7808 SANDERLINE ROAD SARASOTA FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2 MANDERSHAW LANE PUNTA GORDA, FL 33982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 941629-4500
 Date Daytime Phone #

CR2E034 (9/01)