

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G08390

1. Entity Name

MIAMI HEART ELECTROCARDIOGRAM READERS, P.A.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90146 020 ***150.00

Principal Place of Business

Mailing Address

4701 N MERIDIAN AVE
HEART STATION, 4424
MIAMI BEACH FL 33140
US

4701 N MERIDIAN AVE
HEART STATION, #4424
MIAMI BEACH FL 33140-2910
US

627081



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4701 N MERIDIAN AVE

3. Mailing Address

Suite, Apt. #, etc.

Heart station, 4424

City & State

Miami Beach

City & State

4. FEI Number

59-2234948

Applied For

Not Applicable

Zip

33140

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIRPALANI, BHAGWAN M.
4701 N MERIDIAN AVE
RM 4425
MIAMI BCH. FL 33140

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.

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, 2000 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	KIRPALANI, BHAGWAN MD	1688 MERIDIAN AVE	MIAMI BCH. FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	SOLOMON, LAWRENCE M.D.	333 ARTHUR GODFREY RD #614	MIAMI BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S	COELHO, ALDO	2999 N.E. 191ST #260	N. MIAMI BEACH FL 33180	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
T	HYMON, ALAN	333 ARTHUR GODFREY RD. #514	MIAMI BEACH FL 33140	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> 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

3/3/2000
Date

(305) 538 5051
Daytime Phone #

CR2E034 (9/99)