

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30409

1. Entity Name

Florida Cardiology, P.A.

Principal Place of Business

Mailing Address

2699 Lee Road, Ste 100 2699 Lee Road, Ste 100
Winter Park, FL 32789 Winter Park, FL
32789

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

59-2262342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

H.B. Karunaratne, M.D.
2699 Lee Rd
Suite 100
Winter Park, FL

7. Name and Address of New Registered Agent

Name
Sandeep Bajaj, M.D.
Street Address (P.O. Box Number is Not Acceptable)
2699 Lee Road
Suite 100
City
Winter Park **FL** Zip Code
32789-8738

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	☐ Delete
NAME	Bajaj, Sandeep	
STREET ADDRESS	2699 Lee Road, Suite 100	
CITY-ST-ZIP	Winter Park, FL	
TITLE	TD	☐ Delete
NAME	Reddy, Karan	
STREET ADDRESS	2699 Lee Road, Suite 100	
CITY-ST-ZIP	Winter Park, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	800003434138--0
STREET ADDRESS	-10/20/00--01096--007
CITY-ST-ZIP	****150.00 ****150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

CR2E034 (5/00)

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.

ATTORNEYS AND COUNSELORS AT LAW

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WRITER'S DIRECT FAX
(407) 423-7107

October 10, 2000

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Florida Cardiology, P.A.

Gentlemen:

Please find enclosed the **2000 Uniform Business Report** for the above corporation, which was administratively dissolved by your office on September 22, 2000 for failure to file the 2000 Report. Also enclosed is our firm **check for \$150.00** to cover the 2000 filing fee. Our client has advised us that the corporation did not receive the 2000 Uniform Business Report form or notification that the filing was due; accordingly, we are requesting that the reinstatement fee be waived.

Thank you for your consideration and assistance.

Sincerely yours,



Robert W. Mead, Jr.

RWM/kb

Enclosures

cc: Ms. Charisse Hernandez
Sandeep Bajaj, M.D.
Karan Reddy, M.D.
Thomas A. Thomas, C.P.A.