

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90073 014 ***150.00

DOCUMENT # G31896

1. Entity Name

BAY AREA HEART CENTER, P.A.



Principal Place of Business

5398 PARK ST N. #A

SUITE 1E

ST. PETERSBURG FL 33709

Mailing Address

5398 PARK ST N. #A

SUITE 1E

ST. PETERSBURG FL 33709

2. Principal Place of Business

5398 Park Street North

3. Mailing Address

5398 Park Street N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33709

Country

Zip

33709

Country

4. FEI Number

59-2291897

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOKOTOFF, DAVID M., M.D.

5398 PARK ST N

SUITE A

ST. PETERSBURG FL 33709

7. Name and Address of New Registered Agent

Name

David W. Kohl, M.D.

Street Address (P.O. Box Number is Not Acceptable)

5398 Park Street North

City

St. Petersburg

FL

Zip Code

33709

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

David W. Kohl MD.

4/6/03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MOKOTOFF, DAVID M MD	
STREET ADDRESS	5398 PARK ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOHL, DAVID W., MD	
STREET ADDRESS	5398 PARK ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FINN, JOHN G. M	
STREET ADDRESS	5398 PARK ST., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WEINSTOCK, BARRY	
STREET ADDRESS	5398 PARK STREET NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHMAN, SOL	
STREET ADDRESS	5398 PARK STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEHR, JEFFREY	
STREET ADDRESS	5398 PARK STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Fernando Salazar, M.D.	
STREET ADDRESS	5398 Park Street North	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David W. Kohl, M.D.	
STREET ADDRESS	5398 Park Street North	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David M. Mokotoff, M.D.	
STREET ADDRESS	5398 Park Street North	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

4/6/03 727 409 2362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)