

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90156 045 \*\*\*150.00

**DOCUMENT #** G36249

**1. Entity Name**  
 JACKSONVILLE CARDIOVASCULAR CLINIC, P.A.

**Principal Place of Business**      **Mailing Address**  
 3900 UNIVERSITY BLVD. S.      3900 UNIVERSITY BLVD. S.  
 JACKSONVILLE, FL 32216      JACKSONVILLE, FL 32216

**2. Principal Place of Business**      **3. Mailing Address**  
 SAME AS ABOVE      SAME AS ABOVE

**Suite, Apt. #, etc.**      **Suite, Apt. #, etc.**

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**A0056806**

DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **Applied For**  
 59-2270001      ☐ Not Applicable

**5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

LEIF LOHRBAUER, MD  
 3900 UNIVERSITY BLVD. S.  
 JACKSONVILLE, FL 32216

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After MAY 1, 2001 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	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LEIF LOHRBAUER, MD 3900 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D ROBERT A BENSON, MD 3900 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D BENJAMIN C OLLIFF, MD 3900 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LITA KNOTTS 3900 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D DAVID A CHINOY, MD 3900 UNIVERSITY BLVD S JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<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)(l), 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:** Lita M. Knotts      4/16/01      904-733-5277

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Date**      **Daytime Phone #**