

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90009 045 ***150.00

DOCUMENT # G92578

1. Entity Name

CARDIOLOGY ASSOCIATES, INC., DRS. POLLAK & DONSH

Principal Place of Business

**2925 AVENTURA BLVD., STE. 300
N. MIAMI BEACH FL 33180**

Mailing Address

**2925 AVENTURA BLVD., STE. 300
N. MIAMI BEACH FL 33180**

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

59-2143684

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

**POLLAK, RICHARD MD
2925 AVENTURA BLVD., SUITE 300
N. MIAMI BEACH 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 \$550.00
After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	POLLAK, RICHARD H MD	2925 AVENTURA BLVD, SUITE 300	N. MIAMI BEACH FL 33180				
	DV		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DONSHIK, GARY R MD	2925 AVENTURA BLVD, SUITE 300	N. MIAMI BEACH FL 33180				
	T		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	LEVINE, JAY A MD	2925 AVENTURA BLVD SUITE 300	N MIAMI BCH FL				
	M		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	RANLEY, DESIR M	2925 AVENTURA BLVD STE 300	N MIAMI BCH FL				
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GARCIA, JUAN C MD	2925 AVENTURA BLVD STE 300	N MIAMI BCH FL				
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NADER, RALPH G MD	2925 AVENTURA BLVD STE 300	N MIAMI BCH FL				

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Richard H. Pollak, M.D., F.A.C.P., F.A.C.C.
Gary R. Donshik, M.D., F.C.C.P.
Jay A. Levine, M.D., F.A.C.P., F.A.C.C., F.C.C.P.
Ralph G. Nader, M.D., F.A.C.C., F.S.C.A.I., F.A.C.P.
Ranley M. Desir, M.D., F.A.C.C.
Juan C. Garcia, M.D., F.A.C.C., F.S.C.A.I., F.A.C.P.
Anita Jones, M.D., F.A.C.C.
B.U. Kirpalani, M.D., F.C.C.P., F.A.C.C.
H. Marcelo Vassolo, M.D.



Center for Advanced
Cardiology

A Partnership of Professional Associations
State-of-the-Heart Health Care

2925 Aventura Boulevard Suite 300
Aventura, Florida 33180
(305) 932-1777 Fax (305) 932-2947

4701 N. Meridian Ave. Suite 4102
Miami Beach, Florida 33140
(305) 532-6006 Fax (305) 532-5991

Attachment Doc# C792578
COD75706

August 17, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: FEI Number 59-2143684

Document # G92578

Dear Sirs:

We have received a late filing UNIFORM BUSINESS REPORT form but we did not receive the first form. We would appreciate if you would abate the late fee and accept the \$150.00 check that is enclosed.

Thank you for your consideration.

Very truly,

Maria Dickstein
Administrator