FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90034 010 ***158.75

DOCUMENT # H07073

1. Entity Name
THE HEART INSTITUTE OF PORT ST. LUCIE, INC.

DO NOT WRITE IN THIS SPACE

B0058691

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 SE Hillmoor Drive	1700 SE Hillmoor Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL 34952	City & State: Port St. Lucie, FL 34952
Zip: 34952 Country: USA	Zip: 34952 Country: USA

4. FEI Number: 59-2420810 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S PINE ISLAND ROAD

City: PLANTATION, FL Zip Code: 33324

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	CEO / PRESIDENT
NAME	David E. Wertheimer, M.D.
STREET ADDRESS	1700 SE Hillmoor Dr.
CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	Vice-President
NAME	Bharat K. Upadhyay, M.D.
STREET ADDRESS	1700 SE Hillmoor Dr.
CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	Secretary
NAME	Michael A. Dennis, Jr., M.D.
STREET ADDRESS	1700 SE Hillmoor Dr.
CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	Treasurer
NAME	Mark H. Greenberg, M.D.
STREET ADDRESS	1700 SE Hillmoor Dr.
CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	
NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/29/02 772-335-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID WERTHEIMER, CEO

CR2E034B (12/01)