

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**  
 01-20-2000 90133 003 \*\*\*150.00

**DOCUMENT # H10260**

1. Entity Name

**CARDIOLOGY ASSOCIATES OF MIAMI, INC.**

**704048**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1295 N.W. 14TH STREET**  
**SUITE N**  
**MIAMI FL 33125**

Mailing Address  
**1295 N.W. 14TH STREET**  
**SUITE N**  
**MIAMI FL 33125-1600**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2397160**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERICAN INFORMATION SERVICES, INC.**  
**ONE S.E. 3RD AVENUE**  
**28TH FLOOR**  
**MIAMI FL 33131**

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 \$150.00**  
**After MAY 1, 2000 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

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | PD                             | <input type="checkbox"/> Delete |
| NAME           | AMAT, FERNANDO M.D.            |                                 |
| STREET ADDRESS | 1295 N.W. 14TH STREET, STE. N  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33125                 |                                 |
| TITLE          | STD                            | <input type="checkbox"/> Delete |
| NAME           | JIMENEZ, HECTOR M.D.           |                                 |
| STREET ADDRESS | 1295 N.W. 14TH STREET, STE. N. |                                 |
| CITY-ST-ZIP    | MIAMI FL 33125                 |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | DIAZ-CRUZ, CANDIDO M.D.        |                                 |
| STREET ADDRESS | 1295 N.W. 14TH STREET, STE. N  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33125                 |                                 |
| TITLE          | D                              | <input type="checkbox"/> Delete |
| NAME           | MENDIZABAL, ROLAND M.D.        |                                 |
| STREET ADDRESS | 1295 N.W. 14TH STREET STE. N.  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33125                 |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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    |  |   |

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:** Fernando Amat MD **1.14.00** **305 325 8990**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)