

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H10260

1. Entity Name

CARDIOLOGY ASSOCIATES OF MIAMI, INC.

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

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 59-2397160

Applied For
Not Applicable

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, 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

TITLE PD
NAME AMAT, FERNANDO M.D.
STREET ADDRESS 1295 N.W. 14TH STREET, STE. N
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE STD
NAME JIMENEZ, HECTOR M.D.
STREET ADDRESS 1295 N.W. 14TH STREET, STE. N
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE D
NAME DIAZ-CRUZ, CANDIDO M.D.
STREET ADDRESS 1295 N.W. 14TH STREET, STE. N
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE D
NAME MENDIZABAL, ROLAND M.D.
STREET ADDRESS 1295 N.W. 14TH STREET STE. N
CITY-ST-ZIP MIAMI FL 33125 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90368 007 ***550.00

769344



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)