

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H33741**

1. Entity Name

ST. VINCENT'S ELECTROCARDIOGRAPHY, INC.**FILED****Mar 16, 2001 8:00 am**
Secretary of State

03-16-2001 90022 045 ***150.00

Principal Place of Business

1820 BARRS STREET
STE - 514
JACKSONVILLE FL 32204
US

Mailing Address

1820 BARRS STREET
STE - 514
JACKSONVILLE FL 32204
US

2. Principal Place of Business

1800 Barrs St.

*3. Mailing Address

1801 Barrs St

Suite, Apt. #, etc.

EKG LAB

Suite, Apt. #, etc.

Ste. 500

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2469870**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PST** ☒ Delete
NAME **NAUMAN MD, STEVEN S**
STREET ADDRESS **1801 BARRS STREET, STE 500**
CITY-ST-ZIP **JACKSONVILLE FL 32204**TITLE **D** ☐ Delete
NAME **NAUMAN MD, STEVEN S**
STREET ADDRESS **1801 BARRS STREET, STE 500**
CITY-ST-ZIP **JACKSONVILLE FL 32204**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP12. **PAES** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11TITLE **NGUYEN-Pho MD, HOA** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1801 Barrs Street # 500**
CITY-ST-ZIP **Jacksonville, FL 32204**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.13.01 308-8101

CR2E034 (10/00)