

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

07-31-2001 90235 010 \*\*\*150.00  
 08-13-2001 90002 029 \*\*\*400.00

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**DOCUMENT # J09727**  
 1. Entity Name  
**SOUTH PALM CARDIOVASCULAR SURGERY, P.A.**

Principal Place of Business 1599 N.W. 9TH AVENUE #4 BOCA RATON FL 33486	Mailing Address PO BOX 940 BOYNTON BEACH FL 33425 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2685174</b>	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**DUQUE, SANTI SANTI**  
**104 NE 3RD AVE SUITE 300**  
**FT. LAUDERDALE FL 33304 33316**

**7. Name and Address of New Registered Agent**  
 Name: **Duque, Santi**  
 Street Address (P.O. Box Number is Not Acceptable): **800 SE 3rd Ave, Suite 301**  
 City: **Ft. Lauderdale** FL Zip Code: **33306**

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MP BEGELMAN, KENNETH M. 1599 NW 9TH AVE., #4 BOCA RATON FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEWMAN, JEFFREY 1599 NW 93 AVE #4 BOCA RATON FL 33486</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOEFFREY, LYNN 1599 NW 9TH AVE BOCA RATON FL 33686</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Jeffrey Newman** **7/27/01**  
 Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E034 (5/01)