

2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # J09727

1. Entity Name

SOUTH PALM CARDIOVASCULAR SURGERY, P.A.

07-31-2001 90235 010 ***150.00

08-13-2001 90002 029 ***400.00

Principal Place of Business

1599 N.W. 9TH AVENUE #4
BOCA RATON FL 33486

Mailing Address

PO BOX 940
BOYNTON BEACH FL 33425
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2685174

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

DUQUE, SANTI
101 NE 3RD AVE, SUITE 300
FT. LAUDERDALE FL 33301

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 MP
NAME BEGELMAN, KENNETH M.
STREET ADDRESS 1599 NW 9TH AVE, #4
CITY-ST-ZIP BOCA RATON FL ☒ Delete

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

TITLE D
NAME NEWMAN, JEFFREY
STREET ADDRESS 1599 NW 93 AVE #4
CITY-ST-ZIP BOCA RATON FL 33486 ☐ Delete

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

TITLE D
NAME GOEFFREY, LYNN
STREET ADDRESS 1599 NW 9TH AVE
CITY-ST-ZIP BOCA RATON FL 33686 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* Newman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)