FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # JOGTAT

SIGNATURE:

South Palm Cardiovascular Surgery, P.A.



FILED 04 MAR -1 PH 2:22

Daytime Phone #

## DO NOT WRITE IN THIS CRACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO I	NOT WINTE		ACE			
2. Principal Place of Business		3. Mailing Address				
5210 Linton Blu 2		5210 Linton Blud		DEMICTATE MEAN	REINSTEONAL MENSIAGO 3-04	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		and a second of the second sec	ACIES -09	
Suite 301		Suite 301			Market Market Mark Transfer	
City & State		City & State		4. FEI Number	Applied For	
	each FL	Delray Bea		59-2685174	Not Applicable	
33484	Country US 14	Zip 733484	Country US 14		88.75 Additional ee Required	
				7. Name and Address of Current Registered	Agent	
			Name <	anti Duque	}	
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A Charles	Salah Baran Ba Baran Baran Ba		Ft. L	auderdale FL	Zip Code 33316	
8. The above named en	tity submits this statement fo	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. Lam far	miliar with, and accept	
the obligations of reg	istered agent			02/26/0401022016	ಶ್ವ_ ಟk150 00	
<u> </u>	$\leq \ell$				3.20 ***T00.00	
SIGNATURESignature, typ	ed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requ			
January 1 -	May 1 Fee is \$150.00		<del></del>			
After May	y 1, Fee is \$550.00			9. Election Campaign Financing	\$5.00 May Be	
	ed UBR is \$61.25 to Florida Department of	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND			<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>	
TITLE Presi			TITLE	<del>ayan dagan keranda kalandar kalangan perindah dia dingan kelingi kelindara kejarangan.</del> H	<del></del>	
NAME TO C	H. Newman	, MD	NAME			
STREET ADDRESS 5210 Linton Blud Svite 301			STREET ADDRESS		1	
CITY-ST-ZIP De I	iray Beach	FL 33484	CITY-ST-ZIP		*	
TITLE Vice	President		TITLE		**************************************	
NAME CACCO	ev M. Lynn, M	0	NAME			
STREET ADDRESS   52.0	Linton Blud	Suite sol	STREET ADDRESS			
CITY-ST-ZIP Del	ray Beach F	FL 33484	CITY-ST-ZIP			
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indicated on this report the corporation of the cor	the information supplied with port or supplemental reporting or the receiver or trusted emplanting and the second supplied to the second supplied the second supplied to the second sup	ithis kiing does not qualify for strue and adcurate and that n powered to execute this repor	r trie exemption stated in ny signature shall have t rt as required by Chapte	n Section 119.07(3)(i), Florida Statutes. I further certi the same legal effect as if made under oath; that I ar er 607, Florida Statutes; and that my name appears	n an officer or director in Block 10 or on an	