

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

DOCUMENT # 509727

1. Entity Name

South Palm Cardiovascular Surgery, P.A.



FILED

04 MAR -1 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5210 Linton Blvd

Suite, Apt. #, etc.

Suite 301

3. Mailing Address

5210 Linton Blvd

Suite, Apt. #, etc.

Suite 301

REINSTATEMENT

03-04

City & State

Delray Beach FL

City & State

Delray Beach, FL

4. FEI Number

59-2685174

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Santi Dugue

Street Address (P.O. Box Number is Not Acceptable)

800 SE 3rd Ave Suite 301

City

Ft. Lauderdale

FL

Zip Code

33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

S. Dugue

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

200029452832

02/26/04--01022--016 **150.00

2.19.04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Jeffrey H. Newman, MD
5210 Linton Blvd Suite 301
Delray Beach FL 33484

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Gaffrey M. Lynn, MD
5210 Linton Blvd Suite 301
Delray Beach FL 33484

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)