

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J91492

1. Entity Name
CARDIOVASCULAR PERFUSION ASSOCIATES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90153 034 ***150.00

Principal Place of Business
12659 NEW BRITTANY BLVD.
FT. MYERS FL 33907
US

Mailing Address
12659 NEW BRITTANY BLVD.
FT. MYERS FL 33907-3631
US

2. Principal Place of Business
P.M.B. 297
Suite, Apt. #, etc.
16520 S Tamiami Trail, #18
City & State
Fort Myers, FL
Zip
33908
Country
USA

3. Mailing Address
P.M.B. 297
Suite, Apt. #, etc.
16520 S Tamiami Trail, #18
City & State
Fort Myers, FL
Zip
33908
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2845501
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BRANDT, ROBERT J.
15880 COUNTRY CT
FT. MYERS FL 33912

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, 2000 Fee will be \$550.00
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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
	BRANDT, ROBERT J.	15880 COUNTRY COURT FT MYERS FL			

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 #

CR2E034 (9/99)