

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010715

1. Entity Name

CARDIOLOGY PARTNERS, P.L.

FILED

01 APR 19 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

12953 PALMS WEST DRIVE, SUITE 102  
LOXAHATCHEE FL 33470

Mailing Address

12953 PALMS WEST DRIVE, SUITE 102  
LOXAHATCHEE FL 33470

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1036209

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VENUGOPAL, CHANDRA M.D.  
12953 PALMS WEST DRIVE, SUITE 102  
LOXAHATCHEE FL 33470

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE President ☐ Delete  
NAME Chandra Venugopal, MD  
STREET ADDRESS 14728 Rolling Rock Place  
CITY-ST-ZIP Wellington, Florida 33414

TITLE Vice President ☐ Delete  
NAME Sean Foucauld, MD  
STREET ADDRESS 2030 Greenville Cove Drive  
CITY-ST-ZIP Wellington, Florida 33414

TITLE Sec. / Treas. ☐ Delete  
NAME Amarnath Vedere, MD  
STREET ADDRESS 15738 Glen Willows  
CITY-ST-ZIP Wellington, FL 33414

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME 000004084560--4  
STREET ADDRESS -04/27/01--01040--025  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0032504

SP

CR2E083 (11/00)