

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90091 011 ****50.00

DOCUMENT # L00000010715

1. Entity Name
CARDIOLOGY PARTNERS, P.L.

Principal Place of Business Mailing Address
12953 PALMS WEST DRIVE, SUITE 102 **12953 PALMS WEST DRIVE, SUITE 102**
LOXAHATCHEE FL 33470 **LOXAHATCHEE FL 33470**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1036209** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VENUGOPAL, CHANDRA MD 14728 ROLLING ROCK PLACE WELLINGTON FL 33414 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOUCAULD, JEAN MD 2030 GREENVIEW COVE DRIVE WELLINGTON FL 33414 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VEDERE, AMARNATH MD 15738 GLEN WILLOWS WELLINGTON FL 33414 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES

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

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: **JEAN FOUCAULD, MD** **3/21/02** **561-793-6100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)