

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015698

1. Entity Name

UNIVERSITY HEART INSTITUTE CARDIOVASCULAR GROUP, LLC

FILED

2001 APR 20 AM 11:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2217 N. UNIVERSITY DRIVE
PEMBROKE PINES, FLA. 33024

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1062882

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gary Matzner, Esq.
2601 S. Bayshore Dr.
Suite 1146
Miami, FLA 33133

Name

N/A

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

N/A

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

10. ADDITIONS/CHANGES

TITLE
NAME PRESIDENT / MGAM
STREET ADDRESS BARRY SCHIFF, M.D.
CITY-ST-ZIP 2217 N. UNIVERSITY DR.
PEMBROKE PINES, FLA. 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME JOSEPH HORGAN, M.D.
STREET ADDRESS 2217 N. UNIVERSITY DR.
CITY-ST-ZIP PEMBROKE PINES, RA. 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MATTHEW TELTSE, MD
STREET ADDRESS 2217 N. UNIVERSITY DR.
CITY-ST-ZIP PEMBROKE PINES, FLA 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME MAX DWECK, M.D.
STREET ADDRESS 2217 N. UNIVERSITY DR.
CITY-ST-ZIP PEMBROKE PINES, FLA 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME DENIS MCMILLAN, M.D.
STREET ADDRESS 2217 N. UNIVERSITY DR.
CITY-ST-ZIP PEMBROKE PINES, FLA. 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

3/27/01

Date

(954) 894-2045

Daytime Phone #

CR2E083 (11/00)