

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002390

1. Entity Name

FLORIDA CARDIOLOGY RESEARCH, L.L.C.

Principal Place of Business

1852 HILLVIEW ST., STE. 308
SARASOTA FL 34239

Mailing Address

1852 HILLVIEW ST., STE. 308
SARASOTA FL 34239

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

65-1083280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOERR, KENNETH D
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA FL 34236

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME R. DAVID ANDERSON
STREET ADDRESS 1852 Hillview St Ste 308
CITY-ST-ZIP Sarasota, FL 34239 ☐ Delete

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

TITLE MGR
NAME STEPHEN C. CULP
STREET ADDRESS 1852 Hillview St. Ste 308
CITY-ST-ZIP Sarasota, FL 34239 ☐ Delete

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

TITLE MGR
NAME KENNETH D. HENSON
STREET ADDRESS 1852 Hillview St. Ste 308
CITY-ST-ZIP Sarasota, FL 34239 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: R. DAVID ANDERSON SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/24/02

941-917-4250

CR2E083 (9/01)

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-22-2002 90218 050 ****50.00

DO NOT WRITE IN THIS SPACE