

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90021 043 ****50.00

DOCUMENT # L02000009961

1. Entity Name

CARDIOLOGY ASSOCIATES OF CLEARWATER, L.L.C.



Principal Place of Business

**3231 MCMULLEN BOOTH ROAD
MEDICAL ARTS BUILDING, SUITE 102
SAFETY HARBOR FL 34695**

Mailing Address

**3231 MCMULLEN BOOTH ROAD
MEDICAL ARTS BUILDING, SUITE 102
SAFETY HARBOR FL 34695**

20023958



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1840 MEASE DR

3. Mailing Address

1840 MEASE DR

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

SAFETY HARBOR, FL.

City & State

SAFETY HARBOR, FL

Zip

34695

Country

Zip

34695

Country

4. FEI Number

04-3658194

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLD, AARON J
704 WEST BAY STREET
TAMPA FL 33606**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

P- MGRM
NAME: **PATRICK A CAMBIA, MD** ☐ Change ☒ Addition
STREET ADDRESS: **1840 MEASE DR #200**
CITY-ST-ZIP: **SAFETY HARBOR, FL. 34695**

V- MGR
NAME: **JOHN KLOWANIS, M.D.** ☐ Change ☒ Addition
STREET ADDRESS: **1840 MEASE DR #200**
CITY-ST-ZIP: **SAFETY HARBOR, FL. 34695**

S/T- MGR
NAME: **VAN Q NGUYEN, M.D.** ☐ Change ☒ Addition
STREET ADDRESS: **1840 MEASE DR. #200**
CITY-ST-ZIP: **SAFETY HARBOR, FL 34695**

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

TITLE
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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:

[Signature]
REQUIRED

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

Date

Daytime Phone #

1/13/03 (727) 223-6500

CR2E083 (10/02)

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