

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L26361

FILED  
Jan 12, 2002 8:00 AM  
Secretary of State

Entity Name: CARDIAC BYPASS ASSOCIATES, INC.

## Current Principal Place of Business:

2247 PINEVIEW CIRCLE  
SARASOTA, FL 34231 US

## New Principal Place of Business:

2247 PINE VIEW CIRCLE  
SARASOTA, FL 34231 US

## Current Mailing Address:

2247 PINEVIEW CIRCLE  
SARASOTA, FL 34231 US

## New Mailing Address:

2247 PINE VIEW CIRCLE  
SARASOTA, FL 34231 US

FEI Number: 65-0154245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRIGGS, STANLEY A  
2247 PINEVIEW CIRCLE  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

BRIGGS, STANLEY A  
2247 PINE VIEW CIRCLE  
SARASOTA, FL 34231 US

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:

01/12/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LAMBERT, RONALD P.,  
Address: 2247 PINE VIEW CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: HATHY, LARRY A.,  
Address: 2247 PINE VIEW CIRCLE  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: BRIGGS, STANLEY,  
Address: 2247 PINE VIEW CIRCLE  
City-St-Zip: SARASOTA, FL 34231

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY A BRIGGS

D

01/12/2002

Electronic Signature of Signing Officer or Director

Date