

2001 UNIFORM BUSINESS REPORT (UBR)

0013428 AF

DOCUMENT # L98000000866

1. Entity Name
PALM BEACH CARDIOVASCULAR CLINIC, L.C.

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3801 PGA BLVD., SUITE 607
PALM BEACH GARDENS FL 33410

Mailing Address
3801 PGA BLVD., SUITE 607
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2503 Burns Road
Suite, Apt. #, etc.

3. Mailing Address
2503 Burns Road
Suite, Apt. #, etc.

City & State
Palm Beach Gardens, FL
Zip
33410
Country
USA

City & State
Palm Beach Gardens, FL
Zip
33410
Country
USA

4. FEI Number 65-0845166
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

~~DR. RICHARD BEDOYA M.D., P.A.
3801 PGA BLVD., SUITE 607
PALM BEACH GARDENS FL 33410~~

Name
DR. Augusto Villa, M.D., P.A.
Street Address (P.O. Box Number is Not Acceptable)
2503 Burns Road
City
Palm Beach Gardens FL Zip Code
33410

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 Augusto Villa, M.D., P.A. 3-15-2001
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

8000004014098--2
-04/17/01--01102--002
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEDOYA, RICARDO A 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH FL 33401 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BREUER, GABRIEL E 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRANDALL, CHAUNCEY IV 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLA, AUGUSTO E 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/DIRECTOR BREUER, GABRIEL E. 3503 BURNS ROAD PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/DIRECTOR CRANDALL, CHAUNCEY IV 2503 BURNS ROAD PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/DIRECTOR VILLA, AUGUSTO E. 2503 BURNS ROAD PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/DIRECTOR VARGAS, AGUSTIN 2503 BURNS ROAD PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Augusto Villa, M.D. 3-15-2001 (561)627-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)