

2001 UNIFORM BUSINESS REPORT (UBR)

0015529 AF

DOCUMENT # L98000002531

1. Entity Name
FLORIDA CARDIOVASCULAR RESEARCH, L.C.

FILED

01 FEB 26 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business ROTHMAN CENTER, FOURTH FLOOR 5301 SOUTH CONGRESS AVENUE ATLANTIS FL 33462	Mailing Address ROTHMAN CENTER, FOURTH FLOOR 5301 SOUTH CONGRESS AVENUE ATLANTIS FL 33462
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0870419	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIDWALL, JAY DR
ROTHMAN CENTER, FOURTH FLOOR
5301 SOUTH CONGRESS AVENUE
ATLANTIS FL 33462

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.

SIGNATURE _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A. <input type="checkbox"/> Delete 1401 FORUM WAY WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLORIDA CARDIOLOGY GROUP, P.A. <input type="checkbox"/> Delete 110 JFK DRIVE, #110 ATLANTIS FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDICAL SPECIALISTS OF THE PALM BEACHES IN <input type="checkbox"/> Delete 5700 LAKE WORTH ROAD, SUITE 204 LAKE WORTH FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALM BEACH HEART ASSOCIATES, P.A. <input type="checkbox"/> Delete 5511 SOUTH CONGRESS AVENUE, SUITE 125 LAKE WORTH FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COHEN, TERRENCE JAY M.D. <input type="checkbox"/> Delete 4801 SOUTH CONGRESS AVENUE, SUITE 206 LAKE WORTH FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

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

Date

Daytime Phone #

2/23/01

CR2E083 (11/00)