

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0034363

DOCUMENT # L98000002531

1. Entity Name

FLORIDA CARDIOVASCULAR RESEARCH, L.C.

03-05-2002 90007 042 ****50.00

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0870419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARDIOLOGY ASSOCIATES OF PALM BEACH, P.A.
1401 FORUM WAY
WEST PALM BEACH FL 33401**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLORIDA CARDIOLOGY GROUP, P.A.
110 JFK DRIVE, #110
ATLANTIS FL 33462**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEDICAL SPECIALISTS OF THE PALM BEACHES IN
5700 LAKE WORTH ROAD, SUITE 204
LAKE WORTH FL 33463**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PALM BEACH HEART ASSOCIATES, P.A.
5511 SOUTH CONGRESS AVENUE, SUITE 125
LAKE WORTH FL 33462**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COHEN, TERRENCE JAY M.D.
4801 SOUTH CONGRESS AVENUE, SUITE 206
LAKE WORTH FL 33461**

☐ Delete

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

TITLE
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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:

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

Date

Daytime Phone #

CR2E083 (9/01)