

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90064 024 ****50.00

DOCUMENT # L98000002531

1. Entity Name

FLORIDA CARDIOVASCULAR RESEARCH, L.C.



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**

JUL146577



☐ CHECK HERE IF MAKING CHANGES

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. 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 #

7/24/03

561 434-0853

CR2E083 (4/03)