

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004808

1. Entity Name

THE HEART & VASCULAR INSTITUTE OF FLORIDA, L.L.C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:02

mf

Principal Place of Business

201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602

Mailing Address

201 NORTH FRANKLIN STREET, SUITE 2100
TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

603 7th Street South

3. Mailing Address

603 7th Street South

Suite, Apt. #, etc.

SUITE # 400

Suite, Apt. #, etc.

SUITE # 400

City & State

ST Petersburg, Florida

City & State

ST Petersburg, Florida

Zip

33701

Country

USA

Zip

33701

Country

USA

4. FEI Number

59-3590854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, KERRY J M.D.

603 7TH STREET, SUITE 400

ST. PETERSBURG FL 33707

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

Michael W. J. Jr

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

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-08/23/00--01092--016

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete
NAME RUGG, JOSEPH W.N.
STREET ADDRESS 201 NORTH FRANKLIN STREET, SUITE 2100
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME KERRY J. KAPLAN, M.D., MGRM
STREET ADDRESS 603 7th Street South
CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33701

TITLE ☒ Change ☐ Addition
NAME MICHAEL E. McIVOR, M.D., MGRM
STREET ADDRESS 603 7th Street South
CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33701

TITLE ☒ Change ☐ Addition
NAME RAKESH SHARMA, M.D., MGRM
STREET ADDRESS 603 7th Street South
CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33701

TITLE ☒ Change ☐ Addition
NAME JEFF WIT, M.D., MGRM
STREET ADDRESS 603 7th Street South
CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33701

TITLE ☐ Change ☐ Addition
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:

Michael W. J. Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)