

# 2001 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

01 MAR -5 PM 3:57

Principal Place of Business

603 7TH STREET SOUTH, STE. 400  
ST. PETERSBURG FL 33701

Mailing Address

603 7TH STREET SOUTH, STE. 400  
ST. PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

KAPLAN, KERRY J M.D.

603 7TH STREET, SUITE 400  
ST. PETERSBURG FL 33707

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

7000003888737-1  
-03/20/01--01092---004  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KAPLAN, KERRY J M.D.  
603 7TH STREET SOUTH, STE. 400  
ST. PETERSBURG FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000003888734-5  
-03/20/01--01092---005  
\*\*\*\*\*25.00 \*\*\*\*\*25.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCIVOR, MICHAEL E M.D.  
603 7TH STREET SOUTH, STE. 400  
ST. PETERSBURG FL 33701 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ANDREW D. ROSENTHAL, M.D.  
603 7TH STREET SOUTH, SUITE 400  
ST PETERSBURG FL 33701 ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SHARMA, RAKESH M.D.  
603 7TH STREET SOUTH, STE. 400  
ST. PETERSBURG FL 33701 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
WILH, JEFF M.D.  
603 7TH STREET SOUTH, STE. 400  
ST. PETERSBURG FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WITT, JEFF M.D. ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
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 REQUIRED

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

Date

Daytime Phone #

0018246 AF

CR2E083 (11/00)