

2000 UNIFORM BUSINESS REPORT (UBR)

0005148 AF

DOCUMENT # L99000006393
 1. Entity Name
THE GREATER FORT LAUDERDALE HEART GROUP, LLC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB 10 AM 8:39

Principal Place of Business Mailing Address
 3536 NORTH FEDERAL HWY 3536 NORTH FEDERAL HWY
 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308-6223



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BERGER, JAMES L
350 E. LAS OLAS BLVD., STE 1000
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name **HAROLD ALTSCHULER, MD**
 Street Address (P.O. Box Number is Not Acceptable) **3536 NORTH FEDERAL HIGHWAY**
 City **FT. LAUDERDALE** FL **33308**

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]* DATE **1/24/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

[Handwritten: nf 2/22/00]

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* DATE **1/24/2000** DAYTIME PHONE # **(954) 785-0300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (9/99)