

2003 NOT-FOR-PROFIT CORPORATION (AMENDED) UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007282

1. Entity Name
BROWARD HEART SPECIALISTS, INC.



FILED

03 OCT -2 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
303 SE 17TH STREET
FORT LAUDERDALE, FL 33316

Mailing Address
303 SE 17TH STREET
FORT LAUDERDALE, FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1145816

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHERER, WILLIAM R
633 S. FEDERAL HWY.
FORT LAUDERDALE, FL 33301

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 \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME TROWER, WIL
STREET ADDRESS 303 SE 17TH ST ~~FTLD~~
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE P ☒ Change ☐ Addition
NAME
STREET ADDRESS 303 SE 17th St.
CITY-ST-ZIP

TITLE ☒ Delete
NAME BURTON, BOB L
STREET ADDRESS 303 SE 17TH ST ~~FTLD~~
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 303 SE 17th St.
CITY-ST-ZIP

TITLE ☒ Delete
NAME WALLACE, ART
STREET ADDRESS 303 SE 17TH ST ~~FTLD~~
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 303 SE 17th St.
CITY-ST-ZIP

TITLE ☒ Delete
NAME MACELDOWNNEY, FRANK
STREET ADDRESS 303 SE 17TH ST.
CITY-ST-ZIP FT. LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700023507787
CITY-ST-ZIP 10/02/03--01020--008 **61.25

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Terry Boulware, MD
CITY-ST-ZIP 303 SE 17th St.
Ft. Lauderdale, FL 33316

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ST
STREET ADDRESS Mark T. Knight
CITY-ST-ZIP 303 SE 17th St.
Ft. Lauderdale, FL 33316

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wil Trower

President

9/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

21 10/2