

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005376

1. Entity Name

HEARTBEAT INTERNATIONAL OF WEST CENTRAL FLORIDA,

Principal Place of Business

6800 NORTH DALE MABRY
#100
TAMPA FL 33614
US

Mailing Address

6800 NORTH DALE MABRY
#100
TAMPA FL 33614
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

242

Suite, Apt. #, etc.

242

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3236060

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

MICK, WIL
6800 NORTH DALE MABRY
SUITE 100
TAMPA FL 33614

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 242

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]

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MCINTOSH, HENRY D
6800 NORTH DALE MABRY #100
TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6800 North Dale Mabry #242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
POWER, KEITH RN
205 HIBISCUS DRIVE
LAKELAND FL 33805 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PETER ALAGONA, JR., MD.
2727 WEST DR. MARTIN L. KING BLVD.
TAMPA FL 33607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ASBURY, ROY C JR.
1516 LEIGHTON AVE
LAKELAND FL 33803 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GONZALEZ, JORGE L MD
1600 LAKELAND HILLS BLVD
LAKELAND FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
MICK, WIL
6800 NORTH DALE MABRY #100
TAMPA FL 33614 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
6800 N. Dale Mabry #242

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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 10, 2001 813-243-8769
Date Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90086 036 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)