

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90249 025 ****61.25

DOCUMENT # N93000005376

1. Entity Name

**HEARTBEAT INTERNATIONAL OF WEST CENTRAL FLORIDA,
INC.**



Principal Place of Business

**6800 NORTH DALE MABRY
#242
TAMPA FL 33614
US**

Mailing Address

**6800 NORTH DALE MABRY
#242
TAMPA FL 33614
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#186

Suite, Apt. #, etc.

#186

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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MICK, WIL
6800 NORTH DALE MABRY
SUITE 242
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

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

Suite 186

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCINTOSH, HENRY D 6800 NORTH DALE MABRY #242 TAMPA FL 33614	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWER, KEITH RN 205 HIBISCUS DRIVE LAKELAND FL 33805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETER ALAGONA, JR., MD. 2727 WEST DR. MARTIN L. KING BLVD. TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASBURY, JACKIE 1516 LEIGHTON AVE LAKELAND FL 33803	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JORGE L MD 1600 LAKELAND HILLS BLVD LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MICK, WIL 6800 N DALE MABRY #242 TAMPA FL 33614	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6800 N. Dale Mabry #186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	
one West Sample Road Plaza #106 Pompano Beach, FL 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P Benedict S. Maniscalco, MD 4730 N. Habana Ave Tampa, FL 33614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6800 N. Dale Mabry #186	

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:

W. I. Mick 1/30/03 813/245-8769

CR2E037 (10/02)