

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004582

1. Entity Name

BLOOMING HEARTS INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90489 012 ****61.25

Principal Place of Business

Mailing Address

NORTH RIDGE MEDICAL CENTER
5757 N DIXIE HWY
FT LAUDERDALE FL 33334

NORTH RIDGE MEDICAL CENTER
5757 N DIXIE HWY
FT LAUDERDALE FL 33334-4135

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

65-0520720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GHAHRAMANI, ALI R MD
5757 N. DIXIE HWY
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

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 \$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

TITLE ☐ Delete
NAME D
STREET ADDRESS GHAHRAMANI, ALI R LMSSAMD
CITY-ST-ZIP % 5757 N DIXIE HWY NORTH RIDGE MEDICAL CTR
FT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME D
STREET ADDRESS GRAU, TONY
CITY-ST-ZIP % 5757 N DIXIE HWY NORTH RIDGE MEDICAL CTR
FT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME D
STREET ADDRESS MOTOLA, BERNARDO
CITY-ST-ZIP 5757 N DIXIE HWY NORTH RIDGE
FT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:

AKIRAGHAHRAMANI MD

4/20/00