2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PR

DOCUMENT # N95000001904 Sep 15, 2000 8:00 am Secretary of State SARASOTA MEMORIAL HOSPITAL CARDIOVASCULAR PHYSIC 09-15-2000 90016 035 ****61.25 Mailing Address Principal Place of Business 1700 S. TAMIAMI TRAIL PO BOX 3258 ATTN: HUGH MIDDLEBROOKS SARASOTA FL 34239 SARASOTA FL 34230-3258 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 65-0631194 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MIDDLEBROOKS, HUGH J 200 S. ORANGE AVE SARASOTA FL 34236 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Change TITLE **Delete** G. Duncan Finlay, M.D. NAME NAME COVERT, MICHAEL H 1700 S. Tamiani Trail STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34239 SARASOTA FL 34239 ☐ Change ☐ Addition TITLE ☐ Delete TITLE VCD NAME NAME BEACHEY, DALE STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 Change Addition TITLE CD ☐ Delete_ TITLE SCHIRO, JOSEPH C M.D. NAME NAME STREET ADDRESS STREET ADDRESS 1700 S. TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Change Addition TITI F ☐ Delete TITL F NAME NAME CRICK, WILLIAM F M.D. STREET ADDRESS STREET ADDRESS 2540 S. TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Addition ☐ Change TITLE Delete TITLE NAME BERMUDEZ, EDWARD R M.D. STREET ADDRESS STREET ADDRESS 1950 ARLINGTON ST., #224 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with his filling 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 attach per with an address, with all other like empowered.

Daytime Phone #

N95000019

WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN

ATTORNEYS AT LAW
Founded 1925

WILLIAM T. HARRISON, JR.
GEORGE A. DIETZ
WILLIAM E. GETZEN
MONTE K. MARSHALL
JAMES L. RITCHEY
HUGH MCPHEETERS, JR.
WILLIAM G. LAMBRECHT
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September 12, 2000

BY CERTIFIED MAIL/RETURN RECEIPT REQUESTED ARTICLE NUMBER: 7099 3400 0005 1724 7493

Division of Corporations
Uniform Business Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500

१ प्रसम्बद्धाः **Re:**

SARASOTA MEMORIAL HOSPITAL CARDIOVASULAR PHYSICIAN ORGANIZATION, INC.

Dear Sir/Madam:

Enclosed is the 2000 Uniform Business Report for the referenced corporation, document number N95000001904. Please file this report as quickly as possible. We also enclose our check made payable to "Secretary of State" in the amount of \$61.25 to cover the filing fee for this transaction.

Thank you, and please contact the undersigned should any problems arise in connection with this filing.

Very truly yours.

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Lisa Folis

Corporate Paralegal

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