

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005372

1. Entity Name

FLORIDA CARDIOVASCULAR INSTITUTE RESEARCH FOUNDA

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90039 011 ****61.25

Principal Place of Business

Mailing Address

508 S HABANA
STE 335
TAMPA FL 33609
US

9809 BAY ISLAND DR
TAMPA FL 33615-4217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

508 S Habana Ave

Suite 335

Tampa FL

33609

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3543558

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

MATAR, FADI MD
9809 BAY ISLAND DR
TAMPA FL 33615

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME MATAR, FADI A M.D.
STREET ADDRESS 9809 BAY ISLAND DR
CITY-ST-ZIP TAMPA FL 33615

TITLE D-D ☒ Change ☐ Addition
NAME Matar, Fadi A MD
STREET ADDRESS 508 S Habana Ave Suite 335
CITY-ST-ZIP Tampa FL 33609

TITLE D ☐ Delete
NAME FONTANET, HECTOR L M.D.
STREET ADDRESS 4816 LONDONDERRY DR
CITY-ST-ZIP TAMPA FL 33647

TITLE D-S ☒ Change ☐ Addition
NAME Fontanet, Hector L MD
STREET ADDRESS 508 S Habana Ave Suite 335
CITY-ST-ZIP Tampa FL 33609

TITLE D ☐ Delete
NAME SULLEBARGER, J. THOMPSON M.D.
STREET ADDRESS 13905 OBERLIN MANOR WY
CITY-ST-ZIP TAMPA FL 33613

TITLE D-T ☒ Change ☐ Addition
NAME Sullebarger, J Thompson MD
STREET ADDRESS 508 S Habana Ave Suite 335
CITY-ST-ZIP Tampa FL 33609

TITLE D ☒ Delete
NAME GALLARDO, IGNASIO M.D.
STREET ADDRESS 5077 SOUTHAMPTON CIR
CITY-ST-ZIP TAMPA FL 33647-2031

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

TITLE D ☒ Delete
NAME BASTA, LOFTY L M.D.
STREET ADDRESS 1180 GULF BLVD
CITY-ST-ZIP CLEARWATER FL 33767

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #