

2001 UNIFORM BUSINESS REPORT (UBR)

0023548 AV

DOCUMENT # P00000028379

1. Entity Name
PEDIATRIC CARDIOLOGY, P.A.

FILED

02 MAR 12 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ATTN: VICENTE LEMES
3850 HOLLYWOOD BLVD SUITE 202
HOLLYWOOD FL 33021

Mailing Address
ATTN: VICENTE LEMES
3850 HOLLYWOOD BLVD SUITE 202
HOLLYWOOD FL 33021

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEE Number
52-2225364
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HASNER, MARK M
SUNTRUST INTERNATIONAL CENTER
1 SE 3RD AVENUE SUITE 2400
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
600005315826--1
-04/22/02--01133--003
City
****150.00 ****150.00
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 MARK HASNER 1/14/02
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE NAME ☐ Delete
D LEMES, VICENTE
STREET ADDRESS 1 SE 3RD AVENUE SUITE 2400
CITY-ST-ZIP MIAMI FL 33131
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME ☐ Change ☐ Addition
ADM 750.00
Ar 61.25
Arsupp 88.75
600005315826--1
-04/22/02--01133--004
****150.00 ****150.00
600005315826--1
-04/22/02--01133--005
****600.00 ****600.00
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 10/1/01 954-966-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)