

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90118 004 ***150.00

0060653

DOCUMENT # P00000045758

1. Entity Name

ORLANDO CARDIOVASCULAR INSTITUTE, P.A.

Principal Place of Business

**225 EAST ROBINSON STREET
 SUITE 540
 ORLANDO FL 32801**

Mailing Address

**225 EAST ROBINSON STREET
 SUITE 540
 ORLANDO FL 32801**

2. Principal Place of Business

3861 OAKWATER CIRCLE

3. Mailing Address

PO BOX 3749

Suite, Apt. #, etc.

SUITE 1

Suite, Apt. #, etc.

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32806

Country

USA

Zip

32802

Country

USA

4. FEI Number

59-3639742

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

**PAPPAS, PETER C
 225 EAST ROBINSON STREET
 SUITE 540
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

JOSEPH H. BOYER

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

3861 OAKWATER CIRCLE

SUITE #1

City

ORLANDO

FL

Zip Code

32806

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]

JOSEPH H BOYER

3/29/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **BOYER, JOSEPH H JR.**
 STREET ADDRESS **300 SWEETWATER CLUB BOULEVARD**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/01

Date

407-251 0346

Daytime Phone #

CR2E034 (10/00)