

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **000000684437**

1. Entity Name
Cardiac Consultant Services, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 27 PM 12:31

Principal Place of Business
3312 SW 57th Place
Ft. Lauderdale, FL
33312

Mailing Address
3312 SW 57th Place
Ft. Lauderdale, FL
33312

2. Principal Place of Business
3312 SW 57th Place

3. Mailing Address
3312 SW 57th Place

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

Zip
33312

Country
USA

4. FEI Number
65-1048509

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

Dr. Barry Alter
3312 SW 57th Place
Ft. Lauderdale, FL 33312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Dr. Barry Alter
3312 SW 57th Place
Ft. Lauderdale, FL 33312

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

200004627292--6
-10/08/01--01078--005
******550.00 ****550.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

SP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/01
Date

754-962-1400
Daytime Phone #

CR2E034 (11/00)