

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90052 011 \*\*\*150.00

**DOCUMENT # P00000098009**

1. Entity Name

THE BROWARD HEART GROUP, P.A.



Principal Place of Business  
5901 COLONIAL DRIVE STE 301  
MARGATE FL 33063

Mailing Address  
5901 COLONIAL DRIVE STE 301  
MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1051183**

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

KAPLAN, HAROLD E  
1515 UNIVERSITY DRIVE STE 214  
CORAL SPRINGS FL 33071

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	1st Vice President	<input type="checkbox"/> Delete
NAME	GOLDMAN, RICHARD A	
STREET ADDRESS	5901 COLONIAL DRIVE STE 301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	BERMAN, JULIAN L	
STREET ADDRESS	5901 Colonial Drive #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GARFIELD GARY J.	
STREET ADDRESS	5901 Colonial Drive #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	2ND VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Hosley, Craig	
STREET ADDRESS	5901 Colonial Dr #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Orduela, Luis A.	
STREET ADDRESS	5901 Colonial Dr #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	ASST. SECRETARY	<input type="checkbox"/> Delete
NAME	SABAT, EDUARDO	
STREET ADDRESS	5901 Colonial Dr #301	
CITY-ST-ZIP	MARGATE FL 33063	

TITLE	ASST. TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAMON BENNETT	
STREET ADDRESS	5901 Colonial Dr #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, RICHARD	
STREET ADDRESS	5901 Colonial Dr #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	CONTROLLER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMKINS, LANCE A.	
STREET ADDRESS	5901 Colonial Dr #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	3RD VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLE, JOSE R.	
STREET ADDRESS	5901 Colonial Dr #301	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

*RICHARD A. GOLDMAN*  
RICHARD A. GOLDMAN, M.D.

Date

Daytime Phone #

1/7/03 954 984 9090

CR2E034 (10/02)