

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-21-2002 90886 048 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000008226

1. Entity Name

CARDIAC CARE CENTERS OF TAMPA BAY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4600 N. HABANA AVE

3. Mailing Address

4600 N. HABANA AVE

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33614

Country

USA

Zip

33614

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Humberto A. Coto, M.D.

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

4600 N. HABANA AVE, SUITE 4

City TAMPA

FL

Zip Code 33614

**DO NOT WRITE
IN THIS SPACE**

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

Jorge E. Otero Humberto A. Coto, M.D. 4/30/02

Signature of agent or third party of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

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

☒

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DIRECTOR (Delete)
NAME JORGE E. OTERO, M.D.
STREET ADDRESS 6101 WEBB ROAD, SUITE 302
CITY-STATE-ZIP TAMPA, FL 33615

TITLE DIRECTOR (Add)
NAME Humberto A. Coto, M.D.
STREET ADDRESS 4600 N. HABANA AVE, SUITE 4
CITY-STATE-ZIP TAMPA, FL 33614

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all power and authority.

SIGNATURE:

Jorge E. Otero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

4/30/02 813-8820141

CR2E0348 (12/01)



CARDIAC CARE CENTERS
Of Tampa Bay

Humberto A. Coto, MD, FACP, FACC
Board Certified Interventional Cardiologist

4600 N. Habana, Suite #4, Tampa, FL 33614

Phone: (813) 879-4477 FAX: (813) 879-4467

April 29, 2002

Attachment

93078
P0100000 8226

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32301-1500

To Whom It May Concern:

We are requesting the following changes to Cardiac Care Centers of Tampa Bay, Inc. (Document #P01000008226)

New Addresses as follows:

Cardiac Care Centers of Tampa Bay, Inc.
4600 N. Habana Ave., Suite 4
Tampa, FL 33614

New Registered Agent as follows:

Humberto A. Coto, M.D.
4600 N. Habana Ave., Suite 4
Tampa, FL 33614

Deletion of the following Director:

Jorge E. Otero, M.D.
6101 Webb Road, Suite 302
Tampa, FL 33615

Addition of the following Director:

Humberto A. Coto, M.D.
4600 N. Habana Ave., Suite 4
Tampa, FL 33614

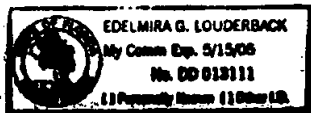
Please see the attached Uniform Business Report for more information. Please contact Humberto A. Coto, M.D., at 813-879-4477 if you have any questions or comments. Thank You.

Sincerely,

Humberto A. Coto, M.D.
Director
Cardiac Care Centers of Tampa Bay, Inc.

Jorge E. Otero, M.D.

Statement of Notary: Sworn and Subscribed by the above signed party, who is personally known to me.



Notary Public
My commission expires 05/15/05