

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90128 032 \*\*\*150.00

**DOCUMENT # P01000008226**

1. Entity Name  
**CARDIAC CARE CENTERS OF TAMPA BAY INC.**



Principal Place of Business  
**4600 N HABANA AVE**  
**4**  
**TAMPA FL 33614**

Mailing Address  
**4600 N HABANA AVE**  
**4**  
**TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
**59-3690109**

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

**COTO, HUMBERTO A MD**  
**4600 N HABANA AVE STE 4**  
**TAMPA FL 33614**

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 **D** ☐ Delete  
NAME **COTO, HUMBERTO A MD**  
STREET ADDRESS **4600 N HABANA AVE STE 4**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Humberto A Coto MD*  
**Humberto A Coto MD**

**3-7-2003**

**813-877-4477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

55021226  
001000008226

**FTD ADDRESS CHANGE**

An address change here changes your address on the FTD coupons only.

TEAR OFF HERE

New  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_

Form 8109-C (Rev. 12-2000)

Do not write beyond this line

Employer Identification Number (EIN)

59-3690109 012212 5 6

OMB No. 1545-0257

INTERNAL REVENUE SERVICE CENTER  
CARDIAC CARE SERVICES P A  
CARDIAC CARE CENTER OF TAMPA BAY  
2 HUMBERTO A COTO  
4600 N HAVANA AVE STE 4  
TAMPA FL 33614-7123

INTERNAL REVENUE SERVICE CENTER  
AUSTIN, TX 73301

Send FTD Address Change and correspondence to the IRS address above.