## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am Secretary of State

DOCUMENT # P01000014132 1. Entity Name						05-27-2002 90425 026 ***150.00		
-	RSON CARDIOLOGY,	P.A.		)	 			
[	DO NOT WRITE	IN THIS SI	PAC	E				
	lace of Business	3. Mailing Address		CE	1	•		
1852 HILLVIEW ST. Suite, Apt. #, etc. SUITE 308		1852 HILLVIEW ST. Süite, 'Apt. #. etc.			DO NOT WRITE IN THIS SPACE			
		SUITE 308 City & State			4. F	El Number	Applied For	
SARAS	ÎOTA, FL	SARASOTA.	FL		1	6591082894	Not Applicable	
Zip 34239	Country U.S.A.	<sup>Zip</sup> 34239	Count USA			ertificate of Status Desired	8.75 Additional se Required	
				Name	7. Na	me and Address of Current Registered A	gent	
KENNE					ETH D. DOERR			
240 9					P.O. Box Number is Not Acceptable)  S. PINEAPPLE AVENUE			
	IN THIS SP	ACE		10TH	10TH FLOOR			
·				City SARASOTA FL 34236			34236	
8. The above	named entity submits this statement for	the purpose of changing its	registero	ed office or register	red ago	ent, or both, in the State of Florida.		
· · · · · · · · · · · · · · · · · · ·	<b>/</b>		R.	DAVID A	ANDI	ERSON X		
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOT		d Agent signature required				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)								
Tax filing n	equirement and elects to do so.	January 1 - N After May Amende Make Check Payat	1, Fee is d UBR is	s \$550.00 s \$61.25	ite	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Tax filing n	equirement and elects to do so.	After May Amende Make Check Payat	1, Fee is d UBR is	s \$550.00 s \$61.25	ite			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 🚣

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02-x

-x 941-9*17*-42

Daytime Phone