

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

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

05-27-2002 90425 026 ***150.00

DOCUMENT # P01000014132

1. Entity Name

ANDERSON CARDIOLOGY, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1852 HILLVIEW ST.

Suite, Apt. #, etc.

SUITE 308

City & State

SARASOTA, FL

Zip

34239

Country

U.S.A.

3. Mailing Address

1852 HILLVIEW ST.

Suite, Apt. #, etc.

SUITE 308

City & State

SARASOTA, FL

Zip

34239

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

6521082894

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH D. DOERR

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

240 S. PINEAPPLE AVENUE

10TH FLOOR

City

SARASOTA

FL

Zip 34236

**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 ☒

R. DAVID ANDERSON

☒

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
R. DAVID ANDERSON
1852 HILLVIEW ST., STE. 308
SARASOTA, FL 34239

TITLE
NAME
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CITY - ST - ZIP

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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)(f), 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: 

R. DAVID ANDERSON

Date

4-29-02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)