

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023366

1. Entity Name

BOCA RATON HEART INSTITUTE, INC.

FILED

03 JUN -2 AM 7:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

13615 SOUTH DIXIE HWY., #114-514
MIAMI FL 33176

Mailing Address

13615 SOUTH DIXIE HWY., #114-514
MIAMI FL 33176

4237 SAUSBURY ROAD



REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SUITE 110
JACKSONVILLE FL
32216

3. Mailing Address

4237 SAUSBURY ROAD
SUITE 110
JACKSONVILLE FL
32216

4. FEI Number

Applied For
Not Applicable

Zip 32216

Country USA

Zip 32216

Country USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLASSBERG, DAVID M

13615 SOUTH DIXIE HWY., #114-514
MIAMI FL 33176

7. Name and Address of New Registered Agent

NAME
DIMITRI C. PYRROS MD, FACS
Street Address (P.O. Box Number is Not Acceptable)
4237 SAUSBURY ROAD
SUITE 110
CITY JACKSONVILLE FL Zip Code 32216

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

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	GLASSBERG, DAVID M	
STREET ADDRESS	13615 SOUTH DIXIE HWY., #114-514	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIMITRI C. PYRROS MD, FACS	
STREET ADDRESS	4237 SAUSBURY ROAD #110	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIM M. PYRROS	
STREET ADDRESS	31A GELLYMAN DRIVE	
CITY-ST-ZIP	CENTER PORT NY 11731	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVAN PHIA M. PYRROS	
STREET ADDRESS	31A GELLYMAN DRIVE	
CITY-ST-ZIP	CENTER PORT NY 11721	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 reports 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 of Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT 4/14/03 (S4) 461-1653

CP2E034 (9/01)