

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90039 001 ***158.75

DOCUMENT # P01000046090

1. Entity Name

ORLANDO CARDIOVASCULAR ASSISTANTS & BILLING COMP ANY

Principal Place of Business

**5699 POND PINE POINT
 OVIEDO FL 32765**

Mailing Address

**5699 POND PINE POINT
 OVIEDO FL 32765**

2. Principal Place of Business

3. Mailing Address

P O BOX 251

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GOLDENROD, FL

4. FEI Number

59-3720227

Applied For

Not Applicable

Zip

Country

32733-0251

Country

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

**G&L AGENT SERVICES, INC.
 390 NORTH ORANGE AVENUE SUITE 600
 ORLANDO FL 32801**

S:

C:

FL

Zip

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P MARIANN TOTTH**
 STREET ADDRESS **5699 POND PINE POINT**
 CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE: **MARIANN TOTTH - President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 407-924-7747

Date

Daytime Phone #

CR2E034 (9/01)