

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90150 036 \*\*\*158.75

DOCUMENT # P01000046090



1. Entity Name  
**ORLANDO CARDIOVASCULAR ASSISTANTS & BILLING COMP ANY**

Principal Place of Business

~~5600 POND PINE POINT~~

OVIEDO FL 32765

Mailing Address

P O BOX 251

AOLDENROD FL 32733-0251



2. Principal Place of Business

**4584 OLD CARRIAGE TR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**OVIEDO**

Zip  
**FL 32765**

Country

City & State

Zip

Country

4. FEI Number **59-3720227**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 **Mariann Toth**  
Signature, type, print name of registered agent and title

**PRESIDENT**  
(NOTE: Registered Agent signature required when reinstating)

**1/28/03**  
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

TITLE **P** ☐ Delete  
NAME **TOTH, MARIANN**  
STREET ADDRESS ~~5600 POND PINE POINT~~  
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4584 OLD CARRIAGE TR**  
CITY-ST-ZIP **OVIEDO, FL 32765**

TITLE ☐ Change ☐ Addition  
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: **Mariann Toth**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/03**  
Date

**407 491-0114**  
Daytime Phone #

CR2E034 (10/02)