

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90052 026 ***150.00

REFUSED AT

DOCUMENT # P01000073487

1. Entity Name
CARDIOVASCULAR AND THORACIC SURGEONS OF PALM BEACH, P.A.

Principal Place of Business PO BOX 940 BOYNTON BEACH FL 33425	Mailing Address PO BOX 940 BOYNTON BEACH FL 33425
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5210 Linton Blvd. Suite, Apt. #, etc. Suite 301	3. Mailing Address 5210 Linton Blvd. Suite, Apt. #, etc. Suite 301
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City & State Delray Beach, FL	City & State Delray Beach, FL	4. FEI Number 65-1136344	Applied For <input type="checkbox"/> Not Applicable
Zip 33484	Country USA	Zip 33484	Country USA

6. Name and Address of Current Registered Agent NEWMAN, JEFFREY H 3236 NW 61ST STREET BOCA RATON FL 33496	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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B. 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JEFFREY H PO BOX 940 BOYNTON BEACH FL 33425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, GEOFFREY M PO BOX 940 BOYNTON BEACH FL 33425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *2/28/02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)