

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000074405

FILED
Jan 11, 2002 8:00 AM
Secretary of State

Entity Name: CAPE HEART GROUP, INC.

Current Principal Place of Business:

1324 AVALON DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

255 BORMAN DRIVE
SUITE 202
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

1324 AVALON DRIVE
ROCKLEDGE, FL 32955

New Mailing Address:

255 BORMAN DRIVE
SUITE 202
MERRITT ISLAND, FL 32953 US

FEI Number: 65-1129737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDEST, GEORGE F III
37 NORTH ORANGE AVENUE
SUITE 500
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

KYLE, JULIAN A MD
255 BORMAN DRIVE
SUITE 202
MERRITT ISLAND, FL 32953 US

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: JULIAN A. KYLE, MD

01/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/S () Change (X) Addition
Name: PEREZ, VICTOR T MD
Address: 255 BORMAN DRIVE, SUITE 202
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: P/T () Change (X) Addition
Name: KYLE, JULIAN A MD
Address: 255 BORMAN DRIVE, SUITE 202
City-St-Zip: MERRITT ISLAND, FL 32953 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN A. KYLE, MD

P/T

01/11/2002

Electronic Signature of Signing Officer or Director

Date