

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000025747

1. Entity Name

CARDIOVASCULAR CENTERS OF PORT ST. LUCIE, INC. ✓

Principal Place of Business

1700 S.E. HILLMOOR DRIVE
SUITE 202
PORT ST. LUCIE FL 34952

Mailing Address

2755 CAMPUS DRIVE
200
SAN MATEO CA 94403
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

72-1235790

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CD
NAME WERTHEIMER, DAVID E
STREET ADDRESS 1700 SE HILLMORE DRIVE #202
CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Delete

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

TITLE PD
NAME SEN, SWAPAN
STREET ADDRESS 7 WATERSIDE CROSSING
CITY-ST-ZIP WINDSOR CT 06095 ☐ Delete

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

TITLE CFOD
NAME SMITH, E. PAYSON JR.
STREET ADDRESS 2755 CAMPUS DRIVE, SUITE 200
CITY-ST-ZIP SAN MATEO CA 94403 ☒ Delete

TITLE CFO
NAME Lawler, John F. Jr.
STREET ADDRESS 7 Waterside Crossing
CITY-ST-ZIP Windsor, CT 06095 ☒ Change ☐ Addition

TITLE S
NAME KOKESH, MICHAEL O
STREET ADDRESS 2755 CAMPUS DRIVE, SUITE 200
CITY-ST-ZIP SAN MATEO CA 94403 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

Daytime Phone #

CR2E034 (5/00)