

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000031403**

1. Entity Name **CARDIOVASCULAR NETWORK OF FLORIDA CORP.**

FILED

03 FEB 10 PM 12:07

Principal Place of Business
**919 PLACETAS
CORAL GABLES FL 33146**

Mailing Address
**91 PLACETAS
CORAL GABLES FL 33146**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Site, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0403483**

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

DEL MONTE, GASPAR JR.

**919 PLACETAS
CORAL GABLES FL 33146**

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 **GASPAR Del Monte Jr., M.D.**

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, 2002 Fee 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 **D** ☐ Delete
NAME **DEL MONTE, GASPAR, M.D. JR.**
STREET ADDRESS **919 PLACETAS**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **700009243847**
CITY-ST-ZIP **11/27/02--01087--003 **750.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **800000890688**
CITY-ST-ZIP **02/07/03--01078--008 **150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **700009243847**
CITY-ST-ZIP **02/07/03--01078--009 **150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GASPAR Del Monte Jr. 11/15/02 305-858-7222

CR2E034 (4/02)



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 5, 2002

CARDIOVASCULAR NETWORK OF FLORIDA CORP.
919 PLACETAS
CORAL GABLES, FL 33146

SUBJECT: CARDIOVASCULAR NETWORK OF FLORIDA CORP.- 2002
SECOND NOTICE UBR
Ref. Number: P93000031403

We have received your document for CARDIOVASCULAR NETWORK OF FLORIDA CORP.- 2002 SECOND NOTICE UBR and your check(s) totaling \$750.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

A printed name is not acceptable.

Please note that an additional \$150 must be submitted to cover the fees for the year 2003 if your reinstatement is not returned prior to January 1, 2003.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

PQ. 150.00
CA#1005
citibank
2/2/03

Letter Number: 102A00064618