

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90019 014 ***150.00

DOCUMENT # P93000039248

1. Entity Name

CARDIOVASCULAR MEDICAL SPECIALISTS OF THE PALM B EACHES, P.A.

Principal Place of Business

**927 - 45TH STREET
 STE 204
 WEST PALM BEACH FL 33407
 US**

Mailing Address

**927 - 45TH STREET
 STE 204
 WEST PALM BEACH FL 33407
 US**

2. Principal Place of Business

**3345 Burns Road
 Suite, Apt. #, etc.
 306**

3. Mailing Address

**P.O. Box 31448
 Suite, Apt. #, etc.
 —**

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

US

Zip

33420

Country

US

6. Name and Address of Current Registered Agent

**STEIN, MICHAEL J
 10921 LARCH COURT
 PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

65-0409694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

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 \$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. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **STEIN, MICHAEL J**
 STREET ADDRESS **10921 LARCH COURT**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

Michael J Stein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02
 Date

(561) 627 3130
 Daytime Phone #

CR2E034 (9/01)