

2001 UNIFORM BUSINESS REPORT (UBR)

0016528

DOCUMENT # P94000014710

1. Entity Name
JACKSONVILLE HEART CENTER, P.A.

Principal Place of Business
1885 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

Mailing Address
1885 CORPORATE SQUARE BLVD
SUITE 720
JACKSONVILLE FL 32216

FILED

01 APR -2 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3221727

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHRANK, JOEL P M.D.
1885 CORPORATE SQUARE BLVD
JACKSONVILLE FL 32216

Name

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

City

800003993368--B

-04/12/01--01018--005

***150.00 ***150.00

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, KENNETH V M.D. %1801 BARR ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FARRELL, PAUL W M.D. %1801 BARR ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HASSEL, C. DAVID M.D. %1801 BARR ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LITT, MARC R M.D. %1801 BARR ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NEIBAUR, MATTHEW T M.D. %1801 BARR ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SCHRANK, JOEL P M.D. %1801 BARR ST. JACKSONVILLE FL 32204	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1885 Corporate Square Boulevard Jacksonville, Florida 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1885 Corporate Square Boulevard Jacksonville, Florida 32216
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1885 Corporate Square Boulevard Jacksonville, Florida 32216

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

Date

Daytime Phone #

CR2E034 (10/00)

12. Additions

DP

Dinerman, Jay L., M.D.
1885 Corporate Square Boulevard
Jacksonville, Florida 32216

DVT

Wainwright, William K., M.D.
1885 Corporate Square Boulevard
Jacksonville, Florida 32216

DV

Utset, Bernardo M., M.D.
1885 Corporate Square Boulevard
Jacksonville, Florida 32216

DV

Hilton, Thomas C., M.D.
1885 Corporate Square Boulevard
Jacksonville, Florida 32216

S

Linville, Jennifer J.
1885 Corporate Square Boulevard
Jacksonville, Florida 32216