

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018286

1. Entity Name

FLORIDA CARDIAC NETWORK, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90113 020 \*\*\*150.00

Principal Place of Business

14320 BRUCE B. DOWNS BLVD  
TAMPA FL 33613

Mailing Address

401 E. JACKSON ST.  
STE 2500  
TAMPA FL 33602-5236

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

14320 Bruce B. Downs Blvd.

Suite, Apt. #, etc.

City & State

Tampa, Florida 33613

Zip

Country

4. FEI Number

59-3232653

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, EDWARD L  
14320 BRUCE B. DOWNS BLVD  
TAMPA FL 33613

7. Name and Address of New Registered Agent

Name

R. Andrew Rock

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

401 E. Jackson Street

Suite 2500

City

Tampa

FL

Zip Code  
33602

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

*R. Andrew Rock*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/2000

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, 2000 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	DV	<input type="checkbox"/> Delete
NAME	WOODROW, THOMAS W	
STREET ADDRESS	14320 BRUCE B. DOWNS BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POPE, JAMES E	
STREET ADDRESS	14320 BRUCE B. DOWNS BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MEDINA, ROBERTO A	
STREET ADDRESS	14320 BRUCE B DOWNS BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DT	<input type="checkbox"/> Delete
NAME	APPLEBAUM, HAL J	
STREET ADDRESS	14320 BRUCE B. DOWNS BLVD	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DV	
STREET ADDRESS	Berman, Peter	
CITY-ST-ZIP	14320 N. Bruce B Downs Blvd	
	Tampa, Fl 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

813-971-4544

Daytime Phone #

CR2E034 (9/99)