

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031218

1. Entity Name

CARDIOVASCULAR SPECIALISTS, P.A.

Principal Place of Business

1403 MEDICAL PLAZA DR
STE 201
SANFORD FL 32771
US

Mailing Address

1403 MEDICAL PLAZA DR
STE 201
SANFORD FL 32771
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 59-3238016

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIDA, MUBEEN H
1403 MEDICAL PLAZA DR
STE 102
SANFORD FL 32771

7. Name and Address of New Registered Agent

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 \$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

TITLE P ☐ Delete
NAME CHIDA, MUBEEN H
STREET ADDRESS 1403 MEDICAL PLAZA DRIVE STE 201
CITY-ST-ZIP SANFORD FL 32771

TITLE S ☐ Delete
NAME SHAHNAZ, CHIDA MD
STREET ADDRESS 1403 MEDICAL PLAZA DR STE 201
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAHNAZ CHIDA MD

SECRETARY

4-24-01

Date

(407) 321-1415

Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90037 039 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)