

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90073 027 ***150.00

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**

11007614



2. Principal Place of Business
305 N. HANGAUSTINE AVE

3. Mailing Address
305 N. HANGAUSTINE AVE

Suite, Apt. #, etc.
STE 200

Suite, Apt. #, etc.
STE 200

City & State
SANFORD, FLORIDA

City & State
SANFORD, FLORIDA

Zip Country
32771 USA

Zip Country
32771 USA

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

7. Name and Address of New Registered Agent

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

Name **CHIDA, MUBEEN H.**
Street Address (P.O. Box Number is Not Acceptable)
305, N. HANGAUSTINE AVE
STE 200
City **SANFORD** FL Zip Code **32771**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **ADDRESS CHANGE**
STREET ADDRESS **AS ABOVE**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **ADDRESS CHANGE**
STREET ADDRESS **AS ABOVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.18.03 (407) 321-1415
Date Daytime Phone #

CR2E 34 (10/02)