

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90047 048 ***150.00

0045331

DOCUMENT # P94000073774

1. Entity Name
NEW LIFE HEART CARE, P.A.

Principal Place of Business
151 WYMORE ROAD, SUITE 500
ALTAMONTE SPRINGS FL 32714

Mailing Address
151 WYMORE ROAD, SUITE 500
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
1460 W. FAIRBANKS AVE
 Suite, Apt. #, etc.

3. Mailing Address
1460 W. FAIRBANKS AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WINTER PARK, FL
 Zip
32789

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WINTER PARK, FL
 Zip
32789

4. FEI Number **59-3272314**

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

KAPOOR, SUNIL M.D.
151 WYMORE ROAD
SUITE 500
ALTAMONTE SPRINGS FL 32714

Name

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

1460 W. FAIRBANKS AVE

City

WINTER PARK

FL

Zip Code

32789

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
P
 NAME
KAPOOR, SUNIL MD
 STREET ADDRESS
151 WYMORE ROAD, SUITE 500
 CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714

☐ Delete

TITLE
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TITLE
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 CITY-ST-ZIP
1460 W. FAIRBANKS AVE
WINTER PARK, FL 32714

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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

x 4/26/01

Date

Daytime Phone #

CR2E034 (10/00)