

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090523

1. Entity Name

CARDIOVASCULAR SURGEONS INDEPENDENT PRACTICE ASS

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90134 031 \*\*\*150.00

Principal Place of Business

217 HILLCREST ST.  
ORLANDO FL 32801

Mailing Address

217 HILLCREST ST.  
ORLANDO FL 32801-1211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3305013**

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

DANIELS, ALAN H  
800 NORTH MAGNOLIA AVE.  
SUITE 1500  
ORLANDO FL 32803

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	SCOTT, MEREDITH L	217 HILLCREST ST. ORLANDO FL 32801	
	D	SPECTOR, S. DAVID	217 HILLCREST ST. ORLANDO FL 32801	
	D	MOSELEY, PATTERSON W	217 HILLCREST ST. ORLANDO FL 32801	
	D	SCHUMACHER, PAUL D	217 HILLCREST ST. ORLANDO FL 32801	
	D	THOMPSON, PAUL A	217 HILLCREST ST. ORLANDO FL 32801	
	D	STOWE, CARY L	217 HILLCREST ST. ORLANDO FL 32801	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00 407-425-1566

66161702/2000