

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000090523**

1. Entity Name

CARDIOVASCULAR SURGEONS INDEPENDENT PRACTICE ASS**FILED****Feb 19, 2001 8:00 am
Secretary of State**

02-19-2001 90048 027 ***150.00

Principal Place of Business

**217 HILLCREST ST.
ORLANDO FL 32801**

Mailing Address

**217 HILLCREST ST.
ORLANDO FL 32801**

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 **59-3305013**

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Palmer, George J.	217 Hillcrest St.	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Accola, Kevin D.	217 Hillcrest St.	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

00018274



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)