

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000094244

1. Entity Name

CLERMONT CARDIOLOGY, P. A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90295 002 ***150.00

Principal Place of Business

Mailing Address

835 7TH ST
SUITE 5
CLERMONT FL 34711

835 7TH ST
SUITE 5
CLERMONT FL 34711-2582

2. Principal Place of Business

200 E Highland Ave

Suite, Apt. #, etc.

1

3. Mailing Address

200 E Highland Ave

Suite, Apt. #, etc.

1

City & State

Clermont FL

City & State

Clermont FL

Zip

34711

Country

USA

Zip

34711

Country

USA

4. FEI Number

59-3285141

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

SAXENA, RAJ K
835 7TH ST
SUITE 5
CLERMONT FL 34711

Name

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

200 E Highland Ave

Suite 1

City

Clermont

FL

Zip Code

34711

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 ☐ Delete
NAME D
STREET ADDRESS SAXENA, RAJ K
CITY-ST-ZIP 835 7TH ST SUITE 5
CLERMONT FL 34711

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 200 E Highland Ave Ste 1
CITY-ST-ZIP Clermont FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

1/11/2000

CR2E034 19/99