

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91154 018 ***158.75

768883

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P95000001205**

1. Entity Name
BROWARD INSTITUTE for CARDIOVASCULAR RESEARCH and EDUCATION INC

Principal Place of Business Mailing Address
2477 POINCIANA COURT 2477 POINCIANA COURT
WESTON, FL 33327-1418 WESTON, FL 33327-1418

2. Principal Place of Business 3. Mailing Address
2477 POINCIANA COURT 2477 POINCIANA COURT
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WESTON, FLORIDA WESTON, FLORIDA
 Zip Country Zip Country
33327-1418 USA 33327-1418 USA

4. FEI Number Applied For
65-0549916 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

JONATHAN RAVID JAFFE MD. FACC
2477 POINCIANA COURT
WESTON, FL 33327-1418

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!
After MAY 1, 2001
Make Check Payable to Department of State
FEE IS \$150.00
Fee will be \$550.00

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	DAVID ROSS MD 5124 HOLLYWOOD BLVD HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY STEINBERG MD 4925 SHERIDAN ST, SUITE 200 HOLLYWOOD, FL 33021-2824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JONATHAN RAVID JAFFE MD. FACC 2477 POINCIANA CT, WESTON FL 33327-1418	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE - PRESIDENT JEFFREY STEINBERG MD 4925 SHERIDAN ST SUITE 200 HOLLYWOOD FL 33021-2824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Jonathan Ravid Jaffe**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

4-22-2001 **954-543-1979**
 Date Daytime Phone #

CR2E034 (11/00)