

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90106 042 ***150.00

DOCUMENT # P95000030029



1. Entity Name
SOUTHEAST FLORIDA CARDIOLOGY, P.A.

Principal Place of Business
**5130 LINTON BLVD.
SUITE F 4/5
DELRAY BEACH FL 33484**

Mailing Address
**5130 LINTON BLVD.
SUITE F 4/5
DELRAY BEACH FL 33484**



2. Principal Place of Business

3. Mailing Address
3841 N.W. 53 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Boca Raton

City & State

City & State
FLA

4. FEI Number **65-0586022**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip **33496** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LIBOW, MARK
5130 LINTON BLVD.
SUITE 4/5
DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

Name **LIBOW, MARK**
Street Address (P.O. Box Number is Not Acceptable)
3841 N.W. 53 STREET
City **Boca Raton, FL** Zip Code **33496**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark Libow*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/14/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBOW, MARK A M.D. 5130 LINTON BLVD, SUITE F 4/5 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LIBOW, MARK A M.D. 5130 LINTON BLVD, SUITE F 4/5 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COHEN, STEVEN M.D. 5130 LINTON BLVD, SUITE F 4/5 DELRAY BEACH FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Libow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/03 **561-994-4470**

CR2E034 (10/02)