

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

CARDIOLOGY ASSOCIATES OF CENTRAL FLORIDA, INC.

Principal Place of Business

**2101 SW 20TH PLACE
OCALA, FL 34474**

Mailing Address

**2101 SW 20TH PLACE
OCALA, FL 34474**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0618344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEVERLY LAMBERT

**2100 SE 17TH STREET, SUITE 300
OCALA, FL 34478**

7. Name and Address of New Registered Agent

Name

J. R. MCGHEE

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

2101 SW 20TH PLACE

City

OCALA

FL

Zip Code
34474

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

TITLE **PD** ☐ Delete
NAME **MCGHEE, J. R.**
STREET ADDRESS **2101 SW 20TH PLACE**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **DST** ☐ Delete
NAME **DAS, CHANDRANATH L.**
STREET ADDRESS **2101 SW 20TH PLACE**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

J. R. MCGHEE

Date

(352) 237-5944

Daytime Phone #

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90484 019 ***150.00

00006932

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)