

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90049 034 ***150.00

DOCUMENT # P95000080909

1. Entity Name
CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES, P.A.

Not
filed
15/10/01

Principal Place of Business
Dillon Professional Building
1820 Barrs Street
Suite 715
Jacksonville, FL 32204

Mailing Address
Dillon Professional Building
1820 Barrs Street
Suite 715
Jacksonville, FL 32204

A0054967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3338654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

H.L. Holbrook
One Independent Drive #2301
Jacksonville, FL 32202

Name
Louise J. Chirico

Street Address (P.O. Box Number is Not Acceptable)
1820 Barrs Street

Suite 715

City
Jacksonville

FL

Zip Code
32204

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

Louise J. Chirico

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

(NOTE: Registered Agent signature required when reinstating)

4/19/01

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	D Walter Smithwick III 1820 Barrs Street # 715 Jacksonville, FL 32204	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Derek D. Muehrcke 1820 Barrs Street # 715 Jacksonville, FL 32204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Mark A. Mostovych 1820 Barrs Street # 715 Jacksonville, FL 32204	<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	P Derek D. Muehrcke 1820 Barrs Street # 715 Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Raymond Lee 1820 Barrs Street # 715 Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Theodore Wingard 1820 Barrs Street # 715 Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark A. Mostovych 1820 Barrs Street # 715 Jacksonville, FL 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Cousar 1820 Barrs Street # 715 Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Agnew 1820 Barrs Street # 715 Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/01

CR2E034 (11/00)

Attachment
Q#P9500080909
A0054967

2001 UNIFORM BUSINESS REPORT

CARDIOTHORACIC & VASCULAR SURGICAL ASSOCIATES, P.A.

Block 12. Additions/Changes to Officers and Directors in 11

Addition

D

Kenneth Koster
1820 Barrs Street # 715
Jacksonville, FL 32204

Addition

D

Michael Bluett
1820 Barrs Street # 715
Jacksonville, FL 32204

Addition

D

Robert Still
1820 Barrs Street # 715
Jacksonville, FL 32204

Addition

D

Alfred Harding
1820 Barrs Street # 715
Jacksonville, FL 32204

SIGNATURE: _____

