

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90083 016 ***150.00

DOCUMENT # P95000080909

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

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

**CHIRICO, LOUISE J
1820 BARRS ST. STE 715
JACKSONVILLE FL 32204**

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

Louise J. Chirico

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, 2002 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. REMOVE LISTED OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	LEE, RAYMOND	
STREET ADDRESS	1820 BARRS STREET #715	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUEHRCKE, DEREK D.	
STREET ADDRESS	1820 BARRS ST #715	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSTOVYCH, MARK A	
STREET ADDRESS	1820 BARRS ST. #715	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WINGARD, THEODORE	
STREET ADDRESS	1820 BARRS ST. #715	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUSAR, CHARLES	
STREET ADDRESS	1820 BARRS ST. STE. 715	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGNEW, RICHARD	
STREET ADDRESS	1820 BARRS STREET #715	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Louise J. Chirico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)