2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90009 033 ***150.00

DOCUMENT # P95000093553

Entity Name
South Florida Cardiology Group, Inc

Principal Place of Business
701 NW 57 Ave #340
Miami, FL 33126

Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
701 NW 57th Ave		59-0859616	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
SUite #340			
City & State	City & State		
Miami, FL 33126			
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N. KENDALL DR 405
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

☐ If 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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete Pres Antonio Marquez 701 NW 57th Ave #340 Miami, Fl 33126	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete Dir Lorn Leitman 7700 N Kendall Dr #405 Miami 33156	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☒ ADD Dir Lorn Leitman 7700 N Kendall Dr #405 Miami, FL 33156
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add
☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Add

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: L G (Lorn Leitman) 4/28/00 305-279-894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #