

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90055 031 \*\*\*150.00

0322591

**DOCUMENT # P96000019445**

1. Entity Name  
**CARDIOLOGY PARTNERS OF THE PALM BEACHES, P.A.**

Principal Place of Business  
**12989 SOUTHERN BOULEVARD**  
**SUITE 201**  
**LOXAHATCHEE FL 33470**

Mailing Address  
**12989 SOUTHERN BOULEVARD**  
**SUITE 201**  
**LOXAHATCHEE FL 33470**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12953 Palms West Drive**  
 Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Loxahatchee, Florida**  
 Zip  
**33470** Country  
**Palm Beach**

3. Mailing Address  
**12953 Palms West Drive**  
 Suite, Apt. #, etc.  
**Suite 102**  
 City & State  
**Loxahatchee, Florida**  
 Zip  
**33470** Country  
**Palm Beach**

4. FEI Number **65-0645722** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**YUDENFREUBD, JOEL H**  
**440 ROYAL PALM WAY**  
**SUITE 200**  
**PALM BEACH FL 33480**

**7. Name and Address of New Registered Agent**

Name  
**Chandra Venugopal, MD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12953 Palms West Drive**  
**Suite 102**  
 City  
**Loxahatchee, FL** Zip Code  
**33470**

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)

**3/27/01**  
 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**

TITLE **D** ☐ Delete  
 NAME **VENUGOPAL, CHANDRA M.D.**  
 STREET ADDRESS **12989 SOUTHERN BOULEVARD, SUITE 201**  
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ Delete  
 NAME **FOUCAULD, JEAN**  
 STREET ADDRESS **12989 SOUTHERN BOULEVARD, SUITE 201**  
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 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 **12953 Palms West Drive, #102**  
 CITY-ST-ZIP **Loxahatchee, Florida 33470**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **12953 Palms West Drive, #102**  
 CITY-ST-ZIP **Loxahatchee, FL. 33470**

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**561-793-6100**  
 Date Daytime Phone #

CR2E034 (10/00)