

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035897

1. Entity Name

TRANSPLANT CARDIOLOGISTS, P.A.

Principal Place of Business

HARBOURSIDE MEDICAL TOWER  
4 COLUMBIA DRIVE. #720  
TAMPA FL 33606

Mailing Address

HARBOURSIDE MEDICAL TOWER  
4 COLUMBIA DRIVE. #720  
TAMPA FL 33606-3568

2. Principal Place of Business

409 BAYSHORE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

408 S. HUBERT AVE

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33606

Country

Zip

33609

Country

4. FEI Number

59-3386766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPOTO, EDWARD JR  
HARBOURSIDE MEDICAL TOWER  
4 COLUMBIA DRIVE, #720  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

DEBBIE RINDE-HOFFMAN

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

408 S. HUBERT AVE

City

TAMPA

FL

Zip Code

33609

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

5-1-00

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 ☐ Delete  
NAME D  
STREET ADDRESS SPOTO, EDWARD JR  
CITY-ST-ZIP 4 COLUMBIA DRIVE #720  
TAMPA FL 33606

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MESTER, STEPHEN W  
CITY-ST-ZIP 404 VONDERBERG DRIVE  
BRANDON FL 33511

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BUGNI, WILLIAM  
CITY-ST-ZIP 404 VONDERBERG DRIVE  
BRANDON FL 33511

TITLE ☒ Delete  
NAME D  
STREET ADDRESS GARCIA, JUAN  
CITY-ST-ZIP 13701 BRUCE D. DOWNS BLVD STE 101  
TAMPA FL 33613

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RINDE-HOFFMAN, DEBBIE  
CITY-ST-ZIP 4 COLUMBIA DR #720  
TAMPA FL 33606

TITLE ☒ Delete  
NAME D  
STREET ADDRESS CANEDO, MARIO  
CITY-ST-ZIP 13701 BRUCE D. DOWNS BLVD STE 101  
TAMPA FL 33613

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

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

4/30/00

(813)

(813) 251-0793

Date

Daytime Phone #

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90090 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE