

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000035897

FILED
Feb 05, 2002 8:00 AM
Secretary of State

Entity Name: TRANSPLANT CARDIOLOGISTS, P.A.

Current Principal Place of Business:

409 BAYSHORE BLVD
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

408 S HUBERT AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-3386766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINDE-HOFFMAN, DEBBIE
408 S. HUBERT AVE
TAMPA, FL 33606

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SPOTO, EDWARD JR
Address: 4 COLUMBIA DRIVE #720
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MESTER, STEPHEN W
Address: 404 VONDERBERG DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: BUGNI, WILLIAM
Address: 404 VONDERBERG DRIVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: RINDE-HOFFMAN, DEBBIE
Address: 4 COLUMBIA DR #720
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE RINDE-HOFFMAN

D

02/05/2002

Electronic Signature of Signing Officer or Director

Date