

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90184 006 ***150.00

DOCUMENT # P96000086626

1. Entity Name

HEART LABS OF AMERICA, INC.

Principal Place of Business

1903 S. CONGRESS AVE.
SUITE 400
BOYNTON BEACH FL 33426-6559

Mailing Address

1903 S. CONGRESS AVE.
SUITE 400
BOYNTON BEACH FL 33426-6559

2. Principal Place of Business

2500 Quantum Lakes Drive

3. Mailing Address

2500 Quantum Lakes Drive

Suite, Apt. #, etc.

Ste. 1000

Suite, Apt. #, etc.

Ste. 1000

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

65-0809930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIVINS, DANIEL W JR
1903 S. CONGRESS AVE #400
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name

Rodger L. Hochman

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

2500 Quantum Lakes Drive, Ste. 1000

City

Boynton Beach

FL

Zip Code

33426

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

Rodger L. Hochman

4/18/01

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	T KOBIN, ARTHUR 1903 S. CONGRESS AVE. BOYNTON BEACH FL 33426-6559	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV DAVIS III, E. NICHOLAS 1903 S CONGRESS AVE. BOYTON BEACH FL 33426	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCFO 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/Chairman Pershes, Paul C. 2500 Quantum Lakes Drive, Ste. 1000 Boynton Beach, FL 33426	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 complete empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Kobrin

Date

561-742-5000

Daytime Phone #

CR2E034 (10/00)