

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90007 031 ***150.00

DOCUMENT # P96000101716

1. Entity Name

BAY HEART GROUP, P.A.

Principal Place of Business

2700 W. MARTIN LUTHER KING BLVD.
420
TAMPA FL 33607
US

Mailing Address

2700 W. MARTIN LUTHER KING BLVD.
420
TAMPA FL 33607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3416226

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOGGS, E. JACKSON
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GLOVER, MATTHEW	4209 W CULBREATH AVE	TAMPA FL 33609	<input type="checkbox"/>
D	IRWIN, JAMES M	16054 PENWOOD DR	TAMPA FL 33647	<input type="checkbox"/>
D	RANDALL, RODNEY R	16496 OFFENHAUER RD	ODESSA FL 33556	<input type="checkbox"/>
D	PRIDA, XAVIER E	2626 S DUNDEE BLVD	TAMPA FL 33629	<input type="checkbox"/>
V	CASSIDY, DENNIS M	2089 HAWAII AVE NE	ST. PETERSBURG FL 33703	<input type="checkbox"/>
D	GOLDMAN, ANTHONY P	3304 WESTMORELAND DR	TAMPA FL 33618	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	John C. Toole	4415 Bayshore Blvd.	Tampa, FL 33611	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3/6/00

Date

813-875-9000

Daytime Phone #

CR2E034 (9/99)