

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**  
 01-25-2001 90008 006 \*\*\*150.00

0625387

**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  
**2814 W. Virginia Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**2814 W. Virginia**  
 Suite, Apt. #, etc.

City & State  
**Tampa Florida**  
 Zip  
**33607**  
 Country  
**USA**

City & State  
**Tampa, Florida**  
 Zip  
**33607**  
 Country  
**USA**

4. FEI Number **59-3416226**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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

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

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

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 *Heary Selpe*

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	<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"/>
<del>V</del>	<del>CASSIDY, DENNIS M</del>	<del>2089 HAWAII AVE NE</del>	<del>ST. PETERSBURG FL 33703</del>	<del><input type="checkbox"/></del>
D	GOLDMAN, ANTHONY P	3304 WESTMORELAND DR	TAMPA FL 33618	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)