

FILED
Sep 12, 2001 8:00 am
Secretary of State

08-29-2001 90005 003 ***150.00

09-12-2001 90025 038 ***408.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102319

1. Entity Name

CARDIOLOGY ASSOCIATES OF NORTH MIAMI BEACH, P.A.

Principal Place of Business

Mailing Address

1380 N.E. MIAMI GARDENS DRIVE
 SUITE 140
 NORTH MIAMI FL 33179

1380 N.E. MIAMI GARDENS DRIVE
 SUITE 140
 NORTH MIAMI FL 33179

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 **65-0713782**

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

REINFELD, HOWARD B M.D.
1380 N.E. MIAMI GARDENS DRIVE
SUITE 140
NORTH MIAMI FL 33179

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINFELD, HOWARD B	NAME	
STREET ADDRESS	1380 N.E. MIAMI GARDENS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33179	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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:

AUG 08 2001

(305) 956-9062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (10/00)

Attachment Doc# PA6000102319
BOULE4563

Howard B. Reinfeld & Associates, M.D., P.A.

1380 NE Miami Gardens Dr., Suite 140

N. Miami Beach, FL 33179

Phone 305-956-9062 Fax 305-354-4524

September 6, 2001

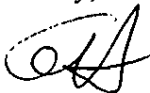
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Cardiology Associates of North Miami Beach, P.A.
Tax ID# 65-0713782

To Whom It May Concern:

Please find enclosed a check in the amount of \$408.75 balance due for late fees and certificate of status.

Sincerely,



Gregory Harris
Administrator