

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90071 019 ***150.00

DOCUMENT # P96000102319
1. Entity Name
CARDIOLOGY ASSOCIATES OF NORTH MIAMI BEACH, P.A.



Principal Place of Business
**1380 N.E. MIAMI GARDENS DRIVE
SUITE 140
NORTH MIAMI FL 33179**

Mailing Address
**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.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0713782**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINFELD, HOWARD B 1380 N.E. MIAMI GARDENS DRIVE NORTH MIAMI FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

ATTACHMENTS #

P960000102319

20000930
Jan 4, 2003

Dear madam or sir,

Yesterday I sent two checks in the amt of \$150-, but without the paperwork, which has since been discarded. Please send me the necessary forms to sign for the following corporations:

Premier Laser Center

Howard B. Reinfeld & Associates.

The check #s are #3048 & #3049, and they are made out on the same checks (Howard B. Reinfeld & Assoc.) as this one.

I have enclosed the envelope ~~for~~ ^{to} assist you.

Thanks!

Sarah Anderson MD

305-956 9062

1380 NE Miami Gardens Dr #140

North Miami Beach, FL 33179

fax 305-354-4524