

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031620

1. Entity Name

HEART STUDY CENTER, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90150 046 ***150.00

Principal Place of Business

2699 LEE RD., STE. 100
 WINTER PARK FL 32789

Mailing Address

2699 LEE RD., STE. 100
 WINTER PARK FL 32789-1738

2. Principal Place of Business

2273 LEE ROAD STE 100

3. Mailing Address

2273 LEE ROAD

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

US

Zip

32789

Country

US

4. FEI Number

59-3444646

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

DANIELS, ALAN H
 800 N. MAGNOLIA AVE., STE. 1500
 ORLANDO FL 32803

Name ROY F. MIRANDA

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

779 TOMLINSON TERRACE

City LAKE MARY

FL

Zip Code

32746

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

Roy F. Miranda ROY F. MIRANDA V.P.

4/26/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	KARUNARATNE, H B	
STREET ADDRESS	750 GREEN OAKS CT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	REDDY, G.M.D., KARAN	
STREET ADDRESS	1636 INDIAN DANCE COURT	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BAJAJ, SANDEEP M	
STREET ADDRESS	7384 SPARKLING LAKE DR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. HOWARD FLAGG	
STREET ADDRESS	2430 ARBORWOOD DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY F. MIRANDA	
STREET ADDRESS	779 TOMLINSON TERRACE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:

Roy F. Miranda ROY F. MIRANDA V.P.

4/26/00

407-628-2818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)