

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037631

1. Entity Name  
**MIAMI INTERNATIONAL CARDIOLOGY CONSULTANTS BILLI**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90106 029 \*\*\*158.75

Principal Place of Business

12900 SW 133 CT  
MIAMI FL 33186

Mailing Address

12900 SW 133 CT  
MIAMI FL 33186

2. Principal Place of Business

10720 CARIBBEAN BLVD

3. Mailing Address

10720 CARIBBEAN BLVD

Suite, Apt. #, etc.

STE 420

Suite, Apt. #, etc.

STE 420

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0747822

Applied For

Not Applicable

Zip

33189

Country

USA

Zip

33189

Country

USA

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

COY, PERRIN L ;  
12900 SW 133 CT  
MIAMI FL 33186

Name

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

10720 CARIBBEAN BLVD, STE 420

City

MIAMI

FL

Zip Code

33189

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

TITLE ☐ Delete  
NAME P  
STREET ADDRESS COY, KEVIN M  
CITY-ST-ZIP 4701 MERIDIAN AVE, STE. 7450-A  
MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS CONCEPCION, GILBERT  
CITY-ST-ZIP 9085 SW 87 AVE #205  
MIAMI FL 33176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS ING, ALBERT  
CITY-ST-ZIP 7150 W 20TH AVE, STE 110  
HIALEAH FL 33016

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN M. COY

Date

4-9-01

Daytime Phone #

305-673-0601

CR2E034 (10/00)