

# 2001 UNIFORM BUSINESS REPORT (UBR)

0067289 AV

DOCUMENT # P97000068129

1. Entity Name

CARDIOCARE OF SOUTH FLORIDA, P.A.

FILED

02 MAR 18 AM 10:41

Principal Place of Business

21110 BISCAYNE BLVD SUITE 206 208  
AVENTURA FL 33180

Mailing Address

21110 BISCAYNE BLVD SUITE 206 208  
AVENTURA FL 33180

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 01-02

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0772559

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

KURZWEIL, HOWARD E ESQ

328 MINORCA AVENUE, SECOND FLOOR  
CORAL GABLES FL 33134

Name

Harry Templins P.A.

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

4120 Lincoln Rd

City

Miami Bch

FL

Zip Code

33139

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

*H. Templins*

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

(NOTE: Registered Agent signature required when reinstating)

2/22/02

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 D  
STREET ADDRESS SPIVACK, ERIC M MD  
CITY-ST-ZIP 21110 BISCAYNE BLVD SUITE 206  
AVENTURA FL 33180

TITLE ☐ Change ☐ Addition  
NAME 600005182146-4  
STREET ADDRESS -04/02/02--01021--027  
CITY-ST-ZIP \*\*\*\*\*150.00 \*\*\*\*\*150.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 600005182146-4  
STREET ADDRESS -04/02/02--01021--028  
CITY-ST-ZIP \*\*\*\*\*750.00 \*\*\*\*\*750.00

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/01

Date

305-692-9299

Daytime Phone #

CR2E034 (5/01)