

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075499

1. Entity Name

USARRHYTHMIA OF FLORIDA, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90045 038 \*\*\*150.00

Principal Place of Business

1971 EAST COMMERCIAL  
SUITE 100  
FORT LAUDERDALE FL 33308

Mailing Address

15851 DALLAS PARKWAY  
SUITE 925  
ADDISON TX 75001-3355  
US

2. Principal Place of Business

3. Mailing Address

1971 East Commercial

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33308

4. FEI Number

58-2339159

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
COOLEY, STEVEN W  
15851 DALLAS PARKWAY, SUITE 925  
ADDISON TX 75001

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Richard M. Luceri, M.D.  
2306 NE 28th Street  
Lighthouse Point, FL 33064

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President and Treasurer  
Daniel A. Weiss, M.D.  
7839 Cummings Lane  
Boca Raton, FL 33423

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President and Secretary  
Philip Zib, M.D.  
10231 NW 30th Place  
Coral Springs, FL 33071

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

4-26-00

CR2E034 (9/99)