

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90025 016 ***150.00

DOCUMENT # P97000075499

1. Entity Name
USARRHYTHMIA OF FLORIDA, INC.

Principal Place of Business
**1971 EAST COMMERCIAL
 SUITE 100
 FORT LAUDERDALE FL 33308**

Mailing Address
**1971 EAST COMMERCIAL
 SUITE 100
 FORT LAUDERDALE FL 33308
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**STALLINGS, DEBBIE
 1971 E. COMMERCIAL BLVD., #100
 FT. LAUDERDALE FL 33308**

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, 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 NAME ☐ Delete
P LUCERI, RICHARD M MD
 STREET ADDRESS **2366 NE 28TH STREET**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE NAME ☒ Change ☐ Addition
Vice President - Treasurer

TITLE NAME ☐ Delete
VPT WEISS, DANIEL N M.D.
 STREET ADDRESS **7839 CUMMINGS LANE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE NAME ☒ Change ☐ Addition
Vice President - Secretary

TITLE NAME ☐ Delete
VPS ZILO, PHILIP M.D.
 STREET ADDRESS **10231 NW 3RD PLACE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE NAME ☒ Change ☐ Addition
President

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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

Richard M Luceri 3-20-01 954-772-1000

Date

Daytime Phone #

CR2E034 (10/00)