

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000075499

1. Entity Name
USARRHYTHMIA OF FLORIDA, INC.



Principal Place of Business

THE JIM MORAN HEART~VASC. CTR, STE 502
4725 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308

Mailing Address

THE JIM MORAN HEART~VASC. CTR, STE 502
4725 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308 US

FILED
May 05, 2004 08:00 AM
Secretary of State



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

STALLINGS, DEBBIE
THE JIM MORAN HEART~VASC. CTR, STE 502
4725 N. FEDERAL HWY
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

000000156812
05/05/04-80088-019 150.00

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 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 #

4-28-04