

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90165 050 \*\*\*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  
**The Jim Moran Heart + Vase Center  
Suite 502  
Holy Cross Hospital  
4725 N. Federal Hwy**

3. Mailing Address  
**The Jim Moran Heart + Vase Center  
Suite 502  
Holy Cross Hospital  
4725 N. Federal Hwy**

City & State  
**FL, Lauderdale, FL**

City & State  
**FL, Lauderdale, FL**

Zip  
**33308**

Country  
**Broward**

Zip  
**33308**

Country  
**Broward**

☒ CHECK HERE IF MAKING CHANGES

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

**7. Name and Address of New Registered Agent**

Name **Address change only**  
Street Address (P.O. Box Number is Not Acceptable)  
**Jim Moran Heart + Vascular Center #502  
4725 N. FEDERAL HIGHWAY  
City Fort Lauderdale FL Zip Code 33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCERI, RICHARD M MD 2366 NE 28TH STREET LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISS, DANIEL N M.D. 7839 CUMMINGS LANE BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ZILO, PHILIP M.D. 10231 NW 3RD PLACE CORAL SPRINGS FL 33071	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secret.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 MEASURED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-03 954-772-1060  
Date Daytime Phone #

CR2E034 (10/02)