

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90133 040 ***150.00

0463944 AV

DOCUMENT # P98000006407

1. Entity Name

CARDIAC SURGICAL ASSOCIATES, INC.

Principal Place of Business

**455 PINELLAS STREET
 SUITE 320
 CLEARWATER FL 33756
 US**

Mailing Address

**455 PINELLAS STREET
 SUITE 320
 CLEARWATER FL 33756
 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

59-3492238

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

**DEAL, THOMAS E
 455 PINELLAS STREET
 SUITE 320
 CLEARWATER FL 33756**

Name
Murbach, Richard A.

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

455 Pinellas Street

Suite 320

City
Clearwater

FL

Zip Code
33756

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

Richard A. Murbach

4/12/02

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, 2002 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
D ☐ Delete
 NAME
DEAL, THOMAS
 STREET ADDRESS
455 PINELLAS STREET SUITE 320
 CITY-ST-ZIP
CLEARWATER FL 33756

TITLE
President ☐ Change ☒ Addition
 NAME
Murbach, Richard A.
 STREET ADDRESS
455 Pinellas St. Suite 320
 CITY-ST-ZIP
Clearwater, FL 33756

TITLE
D ☐ Delete
 NAME
PRUITT, J C JR
 STREET ADDRESS
455 PINELLAS STREET SUITE 320
 CITY-ST-ZIP
CLEARWATER FL 33756

TITLE
D ☐ Change ☒ Addition
 NAME
DWORKIN, GARY H
 STREET ADDRESS
455 Pinellas Street Suite 320
 CITY-ST-ZIP
Clearwater, FL 33756

TITLE
D ☐ Delete
 NAME
HERIC, BAINE R
 STREET ADDRESS
455 PINELLAS STREET SUITE 320
 CITY-ST-ZIP
CLEARWATER FL 33756

TITLE
D ☐ Change ☒ Addition
 NAME
JACOBS, Jeffrey
 STREET ADDRESS
803 7th St. South Suite 450
 CITY-ST-ZIP
St. Petersburg, FL 33701

TITLE
D ☐ Delete
 NAME
QUINTESSENZA, JAMES A
 STREET ADDRESS
603 7TH STREET SOUTH SUITE 450
 CITY-ST-ZIP
CLEARWATER FL 33756

TITLE
☐ Change ☐ Addition
 NAME
☐ Change ☐ Addition
 STREET ADDRESS
☐ Change ☐ Addition
 CITY-ST-ZIP

TITLE
D ☐ Delete
 NAME
VAN GELDER, HUGH M
 STREET ADDRESS
603 7TH STREET SOUTH SUITE 450
 CITY-ST-ZIP
CLEARWATER FL 33756

TITLE
☐ Change ☐ Addition
 NAME
☐ Change ☐ Addition
 STREET ADDRESS
☐ Change ☐ Addition
 CITY-ST-ZIP

TITLE
D ☐ Delete
 NAME
BOTERO, LUIS M
 STREET ADDRESS
603 7TH STREET SOUTH SUITE 450
 CITY-ST-ZIP
CLEARWATER FL 33756

TITLE
☐ Change ☐ Addition
 NAME
☐ Change ☐ Addition
 STREET ADDRESS
☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Murbach

4/12/02

Date

Daytime Phone #

CR2E034 (9/01)