

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010333

1. Entity Name

CARDIOVASCULAR CONSULTANTS OF TAMPA BAY, P.A.

Principal Place of Business

2727 W. MARTIN LUTHER KING BLVD  
STE 800  
TAMPA FL 33607

Mailing Address

2727 W. MARTIN LUTHER KING BLVD  
STE 800  
TAMPA FL 33607

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

65-0814258

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

ROIG, RICARDO A  
201 N. FRANKLIN STREET  
SUITE 2600  
TAMPA FL

Name: BENEDICT S. MANISCALCO, M.D.

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

2727 W - M.L.KING BLVD. #800

City: TAMPA, FL

FL

Zip Code  
33607

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

*Benedict S. Maniscalco*

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00  
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

TITLE: P  
NAME: ALAGONA, PETER DR.  
STREET ADDRESS: 2727 W. M.L.K. BLVD  
CITY-ST-ZIP: TAMPA FL 33607 ☐ Delete

TITLE: SEICHAHAL  
NAME: RICHARAL, SAMI DR.  
STREET ADDRESS: 2727 W. M.L.K. BLVD  
CITY-ST-ZIP: TAMPA FL 33607 ☐ Delete

TITLE: EICHAHAL, SAMI DR.  
NAME: EICHAHAL, SAMI DR.  
STREET ADDRESS: 2727 W. M.L.K. BLVD  
CITY-ST-ZIP: TAMPA FL 33607 ☐ Delete  
DUPLICATE

TITLE: DIRECTOR  
NAME: BENEDICT S. MANISCALCO, M.D.  
STREET ADDRESS: 2727 W. M.L.K. BLVD. #800  
CITY-ST-ZIP: TAMPA, FL 33607 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE: ELCHAHAL ☐ Change ☐ Addition  
NAME: ELCHAHAL ☒ CORRECTION  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: 700003427707--2  
STREET ADDRESS: -10/17/00--01068--019  
CITY-ST-ZIP: \*\*\*\*750.00 \*\*\*\*750.00 ☐ Change ☐ Addition

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

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

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:

*Benedict S. Maniscalco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/22/00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 16 AM 10:27



REINSTATEMENT

CR2E034 (5/00)