

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90921 024 ***150.00

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AV

DOCUMENT # P98000011123

1. Entity Name

FLORIDA CARDIOVASCULAR INSTITUTE, P.A.



Principal Place of Business
508 SOUTH HABANA AVENUE
SUITE 340
TAMPA FL 33609

Mailing Address
508 SOUTH HABANA AVENUE
SUITE 340
TAMPA FL 33609

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

59-3536733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONTANET, HECTOR L M.D.
508 SOUTH HABANA AVE
SUITE 340
TAMPA FL 33647

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. 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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME FONTANET, HECTOR L
STREET ADDRESS 508 S HABANA AVE STE 340
CITY-ST-ZIP TAMPA FL 33609

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

TITLE VPSD ☐ Delete
NAME SULLEBARGER, J. THOMPSON
STREET ADDRESS 508 S HABANA AVE STE 340
CITY-ST-ZIP TAMPA FL 33609

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

TITLE VPD ☐ Delete
NAME MATAR, FADI A
STREET ADDRESS 508 S HABANA AVE SUITE 340
CITY-ST-ZIP TAMPA FL 33609

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

TITLE VPT ☐ Delete
NAME GALLARDO, IGNACIO
STREET ADDRESS 508 S HABANA AVE STE 340
CITY-ST-ZIP TAMPA FL 33609

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

TITLE VPD ☐ Delete
NAME SIRACUSE, JOAN E
STREET ADDRESS 508 S HABANA AVE, SUITE 340
CITY-ST-ZIP TAMPA FL 33609

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

TITLE VD ☐ Delete
NAME DANY, SAYAD
STREET ADDRESS 508 S HABANA AVE STE 340
CITY-ST-ZIP TAMPA FL 33609

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

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 reports 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 information provided.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.20.03

Date

813.353.8634

Daytime Phone #

CR2E034 (10/02)