

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021209

1. Entity Name

CARDIOLOGY ASSOCIATES OF NORTH BROWARD, P.A.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90120 043 ***150.00

Principal Place of Business

Mailing Address

8130 ROYAL PALM BLVD STE 203
CORAL SPRINGS FL 33065

8130 ROYAL PALM BLVD STE 203
CORAL SPRINGS FL 33065-5703

A0012608

2. Principal Place of Business

5901 Colonial Drive

3. Mailing Address

5901 Colonial Drive

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Margate, Florida

City & State

Margate, Florida

4. FEI Number

65-0817733

Applied For

Not Applicable

Zip
33063

Country
USA

Zip
33063

Country
USA

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

KAPLAN, HAROLD E ESQ
1515 UNIVERSITY DRIVE STE 214
CORAL SPRINGS FL 33071

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.

SIGNATURE

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS GOLDMAN, RICHARD A
CITY-ST-ZIP 8130 ROYAL PALM STE 203
CORAL SPRINGS FL 33065

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5901 Colonial Drive, Suite 301
CITY-ST-ZIP Margate, FL 33063

TITLE ☐ Delete
NAME D
STREET ADDRESS HOSTIG, CRAIG
CITY-ST-ZIP 1475 LYONS ROAD
COCONUT CREEK FL 33063

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5901 Colonial Drive, Suite 301
CITY-ST-ZIP Margate, FL 33063

TITLE ☐ Delete
NAME D
STREET ADDRESS SOLER, JOSE R
CITY-ST-ZIP 5800 COLONIAL DR STE 203
MARGATE FL 33063

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5901 Colonial Drive, Suite 301
CITY-ST-ZIP Margate, FL 33063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 1/20/2000 X 954-984-9090

CR2E034 (9/99)