

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027942

1. Entity Name

HEART SCAN SERVICES, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90050 002 \*\*\*150.00

Principal Place of Business

Mailing Address

13535 FEATHER SOUND DR.  
CLEARWATER FL 33762

13535 FEATHER SOUND DR.  
CLEARWATER FL 33762-2259

2. Principal Place of Business

3. Mailing Address

118 15th St

118 15th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Belleair Beach FL

City & State

Belleair Beach FL

4. FEI Number

59-3514546

Applied For

Not Applicable

Zip

33768

Country

Zip

33768

Country

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

HENDERSON, MARY JO  
13535 FEATHER SOUND DR. #400  
CLEARWATER FL 33762

Name

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

118 15th St

City Belleair Beach

FL

Zip Code

33768

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 HENDERSON, MARY JO  
CITY-ST-ZIP 13535 FEATHER SOUND DR. #400  
CLEARWATER FL 33762

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 118 15th St  
CITY-ST-ZIP Belleair Beach FL 33768

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  
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TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

727-596-9881

Daytime Phone #

CR2E034 (9/99)