

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91535 042 ***550.00

DOCUMENT # P98000035566

1. Entity Name
NAPLES CARDIOLOGY/INTERNAL MEDICINE, P.A.

Principal Place of Business
 1112 GOODLETTE RD N.
 SUITE 202
 NAPLES FL 34102

Mailing Address
 1112 GOODLETTE RD N.
 SUITE 202
 NAPLES FL 34102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1112 Goodlette Rd. N.

3. Mailing Address
same

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.

City & State
Naples, FL

City & State

4. FEI Number **65-0829017**

Applied For
 Not Applicable

Zip Country
34102 USA

Zip 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

COOK, CAROLE G
6610 DANIELS RD
NAPLES FL 34109

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 *CC Cook*
 Signature, typed or printed name of registered agent and title if applicable.

Carole G. Cook
 (NOTE: Registered Agent signature required when reinstating)

5-14-02
 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST COOK, WILLIAM R MD 1112 GOODLETTE RD N. STE., #202 NAPLES FL 34102	<input type="checkbox"/> Delete
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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: *William R. Cook* **WILLIAM R. COOK** (941) 643-5353
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)