2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000040173

FILED

00 MAR -2 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

LEESBURG HEART GROUP, P.A.

Principal Place of Business	Mailing Address
511 MEDICAL PLAZA DR #101 LEESBURG FL 34748	511 MEDICAL PLAZA DR #101 LEESBURG FL 34748-7324

DO NOT WRITE IN THIS SPACE

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 59-3516436 ☐ 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
LEW, DAVID C 101 SOUTH 11TH STREET #1 LEESBURG FL 34748	Name Street Address (P.O. Box Number is Not Acceptable) 511 Medical Plaza Dr., Ste. 101 City Leesburg FL Zip Code 34748

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEW, DAVID C 101 SOUTH 11TH STREET #1 LEESBURG FL 34748	☐ Delete	D Lew, David C. 511 Medical Plaza Dr., Ste. 101 Leesburg, FL 34748	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSADO, JOSE R 101 SOUTH 11TH STREET #1 LEESBURG FL 34748	☐ Delete	D Rosado, Jose R. 511 Medical Plaza Dr., Ste. 101 Leesburg, FL 34748	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: June Lew JUNE LEW 1/14/00 (352)728-6808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David Lew

KE