

2001 UNIFORM BUSINESS REPORT (UBR)

0506817

DOCUMENT # P99000013255

1. Entity Name
CARDIO-THERAPY ASSOCIATES, INC.

FILED
02 NOV 21 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5800 COLONIAL DR P.O. BOX 293067
STE #405 DAVIE FL 33325
MARGATE FL 33062 US

2. Principal Place of Business 3. Mailing Address
14120 HARPERS FERRY 14120 HARPERS FERRY ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **DAVIE, FL** City & State **DAVIE, FL** 4. FEI Number **65-0900781** Applied For
Not Applicable
Zip **33325** Country **USA** Zip **33325** 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
INGRAM, JOHN
14120 HARPER FERRY ST.
DAVIE FL 33325
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 *John Ingram* DATE **11/20/02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	
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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: *John Ingram* Date **11/20/02** (954) 557-5380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)