

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020499

1. Entity Name

HEART GALLERY PRESS, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90099 033 \*\*\*150.00

Principal Place of Business

C/O HEART INSTITUTE OF ST. PETERSBURG  
603 7TH STREET SOUTH - SUITE 400  
ST. PETERSBURG FL 33701

Mailing Address

C/O HEART INSTITUTE OF ST. PETERSBURG  
603 7TH STREET SOUTH - SUITE 400  
ST. PETERSBURG FL 33701

2. Principal Place of Business

900 CENTRAL AVE

3. Mailing Address

900 CENTRAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ST Petersburg FL

City & State  
ST Petersburg FL

4. FEI Number 59-3573149

Applied For

Not Applicable

Zip 33705 Country PINELLAS

Zip 33705 Country PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCIVOR, MICHAEL E M.D.  
603 7TH ST. S. STE#400  
SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

900 CENTRAL AVE

City

ST Petersburg

FL

Zip Code

33705

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

*Michael E M.D.*

4/23/01

(Signature, typed or printed name of registered agent and date 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, 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

TITLE PSTD  
NAME MCIVOR, MICHAEL DR.  
STREET ADDRESS C/O 603 7TH STREET SOUTH #400  
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1329 50TH AVE NE  
CITY-ST-ZIP ST PETERSBURG FL 33703 ☒ Change ☐ Addition

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

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

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

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

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

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:

*Michael E M.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

727-823-4278

Daytime Phone #

CR2E034 (10/00)