

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
 02-23-2000 90016 006 ***150.00

DOCUMENT # P99000024583

1. Entity Name

WEST COAST CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

12340 WINDTREE BLVD.
 SEMINOLE FL 33772

12340 WINDTREE BLVD.
 SEMINOLE FL 33772-2015

812093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 66th St. N.

3. Mailing Address

1800 66th St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 302

Suite 302

City & State

Pinellas Park, FL

City & State

Pinellas Park, FL

Zip

33781

Country

USA

Zip

33781

Country

USA

4. FEI Number

59-3565790

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

SANCHEZ, ROBERT
 12340 WINDTREE BLVD.
 SEMINOLE FL 33772

Name

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

10247 Mulberry Way

City

Largo

FL

Zip Code

33177

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	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, ROBERT	
STREET ADDRESS	10297 MULBERRY WAY	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOB, DAVID E	
STREET ADDRESS	12340 WINDTREE BLVD.	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLERAN, JOHN A	
STREET ADDRESS	10679 PARK PL. DR.	
CITY-ST-ZIP	LARGO FL 33778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

David E Jacob David E Jacob

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

219100

Date

727-545-3864

Daytime Phone #

CR2E034 (9/99)