

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90269 016 \*\*\*150.00

**DOCUMENT # P99000038702**

1. Entity Name

**CHARLOTTE HEART & VASCULAR INSTITUTE, P.A.**

Principal Place of Business

~~3005 CARING WAY~~  
 PT. CHARLOTTE FL 33952

Mailing Address

~~3005 CARING WAY~~ P.O. Box 3059  
 PT. CHARLOTTE FL 33952-5009  
 33949

001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2885 Tamiami Tr.**

3. Mailing Address

**P.O. Box 3059**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**At Charlotte, FL**

City & State

**Port Charlotte, FL**

4. FEI Number

**65-0903800**

Applied For

Not Applicable

Zip

**33952**

Country

**USA**

Zip

**33949**

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

~~WILKINSON, G. BARRY~~

~~606 1ST AVE. NORTH, SUITE 201~~  
~~ST. PETERSBURG FL 33701~~

Name

**Terence Connelly**

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

**1841 Jamaica Way**

**Punta Gorda**

City

**FL**

Zip Code

**33950**

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	LOPEZ, MARIO J	
STREET ADDRESS	<del>3005 CARING WAY</del> 263 George Rd.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSSU, SERGIO F	
STREET ADDRESS	<del>3005 CARING WAY</del> 4025 Bastia Ct.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952 Punta Gorda, FL 33950	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNELLY, TERENCE P	
STREET ADDRESS	<del>3005 CARING WAY</del> 1841 Jamaica Way	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952 Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Ass</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Agustin Collado	
STREET ADDRESS	349 Severin St.	
CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #