

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094206

1. Entity Name

EMERALD COAST CARDIOLOGY & ASSOCIATES, P.A.

f

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90015 049 ***150.00

Principal Place of Business

TWIN OAKS PROFESSIONAL CENTER
490 NORTH HWY 85
NICEVILLE FL 32578

Mailing Address

TWIN OAKS PROFESSIONAL CENTER
490 NORTH HWY 85
NICEVILLE FL 32578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City &

Zip

Country

Zip

Country

4. FEI Number

59-3609327

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

MORROBEL, ANGEL D DR
TWIN OAKS PROFESSIONAL CENTER
490 NORTH HWY 85
NICEVILLE FL 32578

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PS
MORROBEL, ANGEL D DR
4468 KINGSLYNN ROAD
NICEVILLE FL 32578 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Angel D. Morrobel, MD 9/8/00 850-678-0101

CR2E034 (5/00)

*Direct
P99000094206*

EMERALD COAST CARDIOLOGY & ASSOCIATES

Angel D Morrobel, MD

490 Hwy 85 N

Niceville, Fl 32578

850-678-0101

Re: P99000094206

Division of Corporations

Uniform Business Report Filings

P O Box 1500

Tallahassee, Fl 32302-1500

Dear Sirs:

This is the first UBR I have received. Please accept original fee of \$150.00 and reconsider charging me penalties, due to having never received the first original UBR. Thank you in advance for your prompt attention to this matter.

Sincerely,



Angel D. Morrobel, MD
President