

2001 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Jul 31, 2001 8:00 am  
Secretary of State  
07-31-2001 90231 049 \*\*\*150.00

DOCUMENT # P99000107670

1. Entity Name  
HEART CARE OF SOUTH FLORIDA, P.A.

Principal Place of Business Mailing Address  
1319 ST. TROPEZ CIRCLE #1201 9750 NW 33rd St. Suite 213 1210 ST. TROPEZ CIRCLE #1201 Same  
WESTON FL 33326 CORAL SPRINGS, FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Heart Care of South Florida Suite, Apt. #, etc. 9750 N.W. 33rd St. #213 City & State Coral Springs, FL Zip 33065 Country USA		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 65-0966841 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				

6. Name and Address of Current Registered Agent — PLOUCHA, L.M. ESQ. C/O ATKINSON, DINER, STONE ET AL 1946 TYLER ST. HOLLYWOOD FL 33020	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP President ALAN M. ROSENBAUM, MD 6797 NW 110th Way PARKLAND, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information included in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath by an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. My signature appears in Block 11 and is attached to an attachment with an address with all other like empowered

SIGNATURE: \_\_\_\_\_ 5/25/01 7/26/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 2000 UNIFORM BUSINESS REPORT (UBR)

attachment

DOCUMENT # P99000107670

1. Entity Name

HEART CARE OF SOUTH FLORIDA, P.A.

sent on 4/26/00 copy

Principal Place of Business	Mailing Address
1319 ST. TROPEZ CIRCLE #1201 WESTON FL 33326	9750 NW 33rd ST Suite 213 CORAL SPRINGS, FL 33065

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0966841	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
PLOUCHA, L.M. ESQ. C/O ATKINSON, DINER, STONE ET AL 1946 TYLER ST. HOLLYWOOD FL 33020	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 \$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ALAN M. ROSENBAUM, M.D.
STREET ADDRESS		STREET ADDRESS	6797 NW 110th WAY
CITY-ST-ZIP		CITY-ST-ZIP	PARKLAND, FL 33076
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(2)(a), 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. If my name appears in Block 11 or Block 12, I am required to attach an attachment with an address, with all other, I am empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

attachment  
p# P990016760  
B0061180

<b>HEART CARE OF SOUTH FLORIDA, P.A.</b> 9750 NW 33RD ST., SUITE 213 CORAL SPRINGS, FL 33065		<b>1026</b>
<b>PAY TO THE ORDER OF</b> <i>Department of State</i>	<b>DATE</b> <i>April 25, 2000</i>	<b>63-865566</b> <b>2860</b>
<i>One hundred fifty &amp; no/100</i>	<b>\$</b> <i>150</i>	<b>DOLLARS</b>
<b>FOR</b> <i>2000 Unborn Persons Report</i>	<b>CITIBANK</b> <small>CITIBANK, F.S.B. BR. #68 1-800-374-9800 CORAL SPRINGS, FL 33065</small>	<i>Barbara S. Roberts</i>
<b>1100102611 2660865541 320053898011</b>		

July 25, 2001

09900 0107670  
BOUTER 180

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Heart Care of South Florida, P.A.  
FEI 65-0966841

Dear Sir:

Attached please find the 2001 Uniform Business Report for the above-named corporation. It came to our attention recently that this report had not been filed. After discussing this with the State of Florida Division of Corporations, they informed me that the form and all subsequent correspondence was mailed to an address which is out of date. I then pulled the prior year return from my files and it was determined that I properly changed the address to the correct location. We have attached this copy for your records. We never received anything from you since the forwarding of mail from that address had expired.

Therefore, I am submitting the current Business Report with the \$150 fee, but I will not submit any associated penalties since the error was on your part.

Thank you for your cooperation, and should you have any questions, please feel free to call our office at (954)227-7787. I will trust that this will reinstate the corporate status and that it will not adversely affect our standings as a valid corporation with the State. I would appreciate a confirmation of the above.

Sincerely,



Alan M. Rosenbaum, M.D.