2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000107670** 1. Entity Name

HEART CARE OF SOUTH FLORIDA, P.A.

| | Jul 31, 2001 8:00 am |
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| 1 | Secretary of State 07-31-2001 90231 049 ***150.00 |
| R | 07-31-2001 90231 049 ****130.00 |

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| 1 | ce of Business | Mailing Address | 7 | _ | | | |
| 1319 ST. TROP WESTON FL 3 | | WESTON FL 33326 | : #1201 Same | | | | ` |
| ! | CORAL SPRINGS | , FL 33065 | | | 1 74 7 (1 8) 1 710 (14))/ 16 1)/ 16 7) (| IOKOL IKOKI SOIKI KOOID OYII | 1 1 00 21 00 12 (02 1 |
| | Place of Business | 3. Mailing Address | | | | | |
| Suita Ant | eart Care of Southfloud | SAME Suite, Apt. #, etc | | | DO NOT WRIT | E IN THIS SPACE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | 150 N.W. 3378 St. # 213 | , | | | | | |
| | ral Springs, FL | City & State | | 4. FEI Nur 65 | moer -0966841 | | Applied For Not Applicable |
| Zio 3 30 | 6.5 Country USA | Zip | Country | 5. Certific | ate of Status Desired | □ \$8.75 Fee Req | Additional uired |
| : | 6. Name and Address of Current R | egistered Agent | | 7. Name a | ind Address of New Re | | |
| | | | Name | | | | |
| | UCHA, L.M. ESQ. ATKINSON, DINER, STONE ET AL | الم المعالم ا | Street Addre | ess:(P.O. Box Nun | nber-isiNot-Acceptable) | - · · | |
| 1946 | TYLER ST. | | | | | | |
| HOL | LYWOOD FL 33020 | | City | | | FL Zio C | ode |
| 8. The apove | named entity submits this statement for t | the purpose of changing its | s registered office or regi | stered agent, or | poth, in the State of For | | |
| | | | | , | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent and | d title if applicable (NO | TE: Registered Agent signature red | guired when reinstating) | ···· | DATE | |
| 9. This corpo | cration is eligible to satisfy its Intangible | FILE NOW | !!! FEE IS \$150.00 | 10 | Election Campaign Fina | noine DE | |
| | equirement and elects to do so. | | 000 Fee will be \$550.0 ble to Department of | JO | Trust Fund Contribution | · · · · · · · · · · · · · · · · · · · | .00 May Be ded to Fees |
| 11, | OFFICERS AND D | IRECTORS | 12. | ADDITION | IS/CHANGES TO OFFIC | | |
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| ndomied Fine dat | entry that the information subplied with the on this report or suppliemental report. If the sociation or the receiver or footee empower or on an argument with an afternish with or on. | ue and accurate and that recent to execute this recent | my signature shall have that as required by Chapter (| he same legal ett | ect as it made under ca | am abaril am an late; | gran directir i |

othechment 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000107670** HEART CARE OF SOUTH FLORIDA, P.A. Principal Place of Business Mailing Address 1319 ST. TROPEZ CIRCLE: #1201 9750 NAV 331/3/1210 ST. TROPEZ CIRCLE: #1201 Scarce WESTON FL 33326 50He 213 WESTON FL 33326 CORAL SPRINGS, FL 33065 2. Principal Place of Business 3. Mailing Address Suite. Act ≠ etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0966841 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLOUCHA: L.M. ESQ. Street Address:(RO. Box Numberus, Not Acceptable) C/O ATKINSON, DINER, STONE ET AL 1946 TYLER ST. HOLLYWOOD FL 33020 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE. Accition ALAN M. RUSENBAIN, M. C. NAME NAME \$797 New HOME WAY STREET ADORESS STREET ADDRESS CITY - ST-74P CITY-ST-ZIP PARKIAND FL3:3076 Onange ☐ Addition TITLE ☐ Delete TITLE 1.- ME NAME STREET ADDRESS STREET ACORESS CITY-ST-ZIP 0177-37-3P Addition Change fift.E Delete TITLE NAME TAME STREET ADDRESS BIREET ADDRESS DITY-ST-EP == CITY-ST-ZIPT ☐ Addition Delete 100 TITLE NAME "IANE STREET ADDRESS CTREET ADDRESS 317-37-39 CITY - ST-ZIP 1763 Celete SITLE 🔲 Change Accurat DAME JIPSET ADDRESS STREET ADDRESS 017/01/02 CITY - ST - ZIP 10.5 ☐ Cerete TITLE 2530954 - Addition SAME NAME JIPHET NOCHESS STREET ADDRESS CITY-ST-ZIP 4. 1 9 13. Thereby centry that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Fior to Statute of Training Training the supplied and the supplied property of the exemption of the same legal effect to 1 miles under path, that I im an until or or director of the property of trustee empowered to execute this record as required by Chapter 607. Florida Statutes, yet mis my market appears in 3 low 11 or 3800 his

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July 25, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500 P99000101670

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.