

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20907

1. Entity Name

CARDIOLOGY CONSULTANTS OF JACKSONVILLE AND ORANG

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90059 023 ***150.00

Principal Place of Business

Mailing Address

3599 UNIVERSITY BLVD S
SUITE 1102
JACKSONVILLE FL 32216
US

3599 UNIVERSITY BLVD SOUTH
SUITE 1102
JACKSONVILLE FL 32216-4252
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

820 Prudential Drive

3. Mailing Address

820 Prudential Drive

Suite, Apt. #, etc.

615

Suite, Apt. #, etc.

615

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fla.

4. FEI Number

59-3038926

Applied For

Not Applicable

Zip

32207

Country

Duval

Zip

32207

Country

Duval

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

ALLEN, BRINTON & SIMMONS, P.A.
1 INDEPENDENT DR STE 3200
JACKSONVILLE FL 32202

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	PAUL H. DILLAHUNT	820 PRUDENTIAL DR., #112	JACKSONVILLE FL	<input type="checkbox"/> Delete			
VPS	JAMES C. CAMPBELL	3599 UNIVERSITY BLVD S STE 1106	JACKSONVILLE FL	<input type="checkbox"/> Delete			
VPT	OMAR F. DAJANI	2021 KINGSLEY AVE STE 104	ORANGE PARK FL	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)