2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90029 024 ***150.00

DOCUMENT # S62936

1. Entity Name
SOUTH FLORIDA CARDIOLOGY ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
250 WEST 63RD STREET SUITE 10E MIAMI BEACH FL 33140 US	C/O MARC H. AUERBACH. ESQ. 201 S. BISCAYNE BLVD.. #2000 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0270114 ☐ 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
AUERBACH, MARC H 201 S. BISCAYNE BLVD. STE. 2000 MIAMI FL 33131	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, 2002 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	EVP SCHNUR, STEVEN ~~250 WEST 63RD STREET, 10E~~ ~~MIAMI BEACH FL 33140~~	☐ Delete	EVP Steven Schnur 290 n.w. 165th Street, # P250 Miami, Fl 331169	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SANTANA, ORLANDO ~~250 WEST 63RD STREET, 10E~~ ~~MIAMI BEACH FL 33140~~	☒ Delete	 290 n.w. 165th st., # P250 Miami Fl 331169	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KRICHMAR, PERRY ~~250 WEST 63RD STREET, 10E~~ ~~MIAMI BEACH FL 33140~~	☐ Delete	President Perry Krichmar 290 n.w. 165th st., # P250 Miami, Fl 331169	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FERNANDEZ, LOUIS ~~250 WEST 63RD STREET, 10E~~ ~~MIAMI BEACH FL 33140~~	☐ Delete	Secretary Fernandez, Louis 290 n.w. 165th st., # P250 Miami, Fl 331169	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HURWIT, HANDRE ~~250 WEST 63RD STREET, 10E~~ ~~MIAMI BEACH FL 33140~~	☐ Delete	Treasurer Hurwit, Handre 290 n.w. 165th st., # P250 Miami, Fl 331169	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP CHUA, HENRY ~~250 WEST 63RD STREET, 10E~~ ~~MIAMI BEACH FL 33140~~	☐ Delete	Senior Vice President Chua, Henry 290 n.w. 165th st., # P250 Miami, Fl 331169	☑ Change ☐ Addition

CR2E034 (9/01)

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: _____ 2/21/02 954-437-8490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #