

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2003 8:00 am**  
**Secretary of State**

04-08-2003 90090 012 \*\*\*150.00

**DOCUMENT # S62936**

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



Principal Place of Business  
**250 WEST 63RD STREET  
SUITE 10E  
MIAMI BEACH FL 33140  
US**

Mailing Address  
**C/O MARC H. AUERBACH, ESQ.  
201 S. BISCAYNE BLVD., #2000  
MIAMI FL 33131  
US**



2. Principal Place of Business  
**290 N.W. 165th St.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite # P250**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

Zip  
**33169**

Country  
**USA**

Zip

Country

4. FEI Number  
**65-0270114**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP SCHNUR, STEVEN 290 NW 165TH STREET, #P250 MIAMI FL 33169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SANTANA, ORLANDO 290 NW 165TH STREET, #P250 MIAMI FL 33169</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KRISHMAR, PERRY 290 NW 165TH STREET, #P250 MIAMI FL 33169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FERNANDEZ, LOUIS 290 NW 165TH STREET, #P250 MIAMI FL 33169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>H HURWIT, HANDRE 290 NW 165TH STREET, #P250 MIAMI FL 33169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP CHUA, HENRY 290 NW 165TH STREET, #P250 MIAMI FL 33169</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/President Steven Schnur</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/VP Manuel Abella 290 NW 165th St., P250 Miami, FL 33169</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/VP Krichmar, Perry</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/Treasurer Fernandez, Louis</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/Secretary Hurwit, Handre</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Chua, Henry</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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 #

CR2E034 (10/02)

11. ADDITIONS:

TITLE: VP  
NAME: Arthur Agatston  
STREET ADDRESS: 290 N.W. 165<sup>th</sup> Street, #P250  
CITY-ST-ZIP Miami, FL 33169

TITLE: VP  
NAME: Jose Rios  
STREET ADDRESS: 290 N.W. 165<sup>th</sup> Street, #P250  
CITY-ST-ZIP Miami, FL 33169

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