2000 UNIFORM BUSINESS REPORT (UBR)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1of2

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DOCUMENT # S70865

1. Entity Name
FLORIDA HEART CENTER, P.A., HOSSEIN RAMEZANI

Principal Place of Business	Mailing Address
1518 KINGSLEY AVE ORANGE PARK FL 32073	1518 KINGSLEY AVE ORANGE PARK FL 32073-4511

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 59-3078887 ☐ 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
PAUL, HERMAN S. 2468 ATLANTIC BLVD JACKSONVILLE FL 32207-4997	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D RAMEZANI, HOSSEIN 1518 KINGLSEY AVE ORANGE PARK FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: HOSSEIN RAMEZANI [signature] 4-26-00 904-269-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORIDA HEART CENTER

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H. RAMEZANI, M.D., F.A.C.C.
CARDIOLOGIST. MEDICAL DIRECTOR

- *CARDIOVASCULAR DISEASES*
- *CARDIAC CATHETERIZATION*
- *CORONARY ANGIOPLASTY*
- *PERMANENT PACE MAKERS*
- *NUCLEAR CARDIOLOGY*

Here are copies of 2000 uniform Business reports. This was filed 4-26-00. We did not receive letter in may. Please adjust your records.

Thanks
Toni Matros
1-904-269-6488

1518 KINGSLEY AVENUE • ORANGE PARK, FLORIDA • TEL: (904) 269-1664
SAMUEL WELLS COMPLEX, SUITE 1103 • JACKSONVILLE, FLORIDA • TEL: (904) 399-4448
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FAX (904) 264-4085