2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$70865

1. Entity Name

FLORIDA HEART CENTER, P.A., HOSSEIN RAMEZANI



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90059 028 ***150.00

			GO WE TO			
Principal Place of Business 1518 KINGSLEY AVE ORANGE PARK FL 32073		Mailing Address 1518 KINGSLEY AVE ORANGE PARK FL 32073				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	KING CHANGES	
City & State		City & State		4. FEI Number 59-3078887	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$9.75 Additional	
	6. Name and Address of Currer	nt Registered Agent	بر بریر، پست	7. Name and Address of New Registe	ered Agent -	
			Name	Name		
Paul, He 2468 atl	erman S. Antic Blvd		Street Address	s (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32297-4997						
			City	· •	Zip Code	
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or regist	tered agent, or both, in the State of Florida.	I am familiar with, and accept	
SIĞNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature requi	red when reinstating)	ATE	
FILE NOW!!! FEE IS' \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
10.	OFFICERS AN	D DIRECTORS	11.	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	
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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 an ether like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Da

Daytime Phone #