FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759152** **(2)**

1. Corporation Name
CUBAN PEDIATRIC SOCIETY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 558988 MIAMI FL 33255	P.O. BOX 558988 MIAMI FL 33255

3. Date Incorporated or Qualified: 07/13/1981
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 65-0285587 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~MARTELL, FRANK R M.D.~~
~~3661 SOUTH MIAMI AVENUE~~
~~SUITE 310~~
~~MIAMI FL 33133~~

10. Name and Address of New Registered Agent

81 Name: JUAN SILVERIO, M.D
82 Street Address (P.O. Box Number is Not Acceptable): 1121 CRANDON BLVD. #705 D
83
84 City: KEY BISCAYNE FL 65 Zip Code: 33149

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Juan Silverio, M.D
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	~~PEREZ-RODRIGUEZ, JOSE E M.D.~~		1.2 NAME	GONZALO DE QUESADA, M.D	
STREET ADDRESS	~~8700 NORTH KENDALL DRIVE, SUITE 202~~		1.3 STREET ADDRESS	777 E. 25 ST #211	
CITY-ST-ZIP	~~MIAMI FL~~		1.4 CITY-ST-ZIP	HIALEAH. FL. 33013	
TITLE	~~VPD~~	☐ DELETE	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	~~DE QUESADA, GONZALO M.D.~~		2.2 NAME	OVIDIO BERMUDEZ, M.D.	
STREET ADDRESS	~~777 EAST 25TH STREET, SUITE 311~~ (SEE #1)		2.3 STREET ADDRESS	3100 S.W. 62 AVE.	
CITY-ST-ZIP	~~HIALEAH FL~~		2.4 CITY-ST-ZIP	MIAMI. FL. 33155	
TITLE	~~TD~~	☒ DELETE	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	~~MARTELL, FRANK R M.D.~~		3.2 NAME	JUAN SILVERIO, M.D.	
STREET ADDRESS	~~3661 SOUTH MIAMI AVENUE, SUITE 310~~		3.3 STREET ADDRESS	1121 CRANDON BLVD. #705 D	
CITY-ST-ZIP	~~MIAMI FL~~		3.4 CITY-ST-ZIP	KEY BISCAYNE. FL. 33149	
TITLE	~~S~~	☒ DELETE	4.1 TITLE	ERNESTO VALDÉS, M.D	☒ Change ☐ Addition
NAME	~~LORET DE MOLA, OSCAR M.D.~~		4.2 NAME	SECRETARY	
STREET ADDRESS	~~9200 SW 60 CT #204~~		4.3 STREET ADDRESS	7211 S.W. 62 AVE SUITE 206	
CITY-ST-ZIP	~~MIAMI FL~~		4.4 CITY-ST-ZIP	MIAMI. FL. 33143	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900001877969	
STREET ADDRESS			6.3 STREET ADDRESS	-06/27/96--01044--009	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GONZALO DE QUESADA, M.D. 4/25/96 (305)856-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #