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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 33255-8988

3. Date Incorporated or Qualified 07/13/1981 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0285587 Applied For Not Applicable  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required  
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
81 Name  
SILVERIO, JUAN M.D.  
1121 CRANDN BLVD #705D  
KEY BISCAVNE FL 33149  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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., Treasurer 01-14-97  
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                         | 1.1 TITLE   | Change Addition |
| NAME                       | DE QUESADA, GONZALO M.D.   | 1.2 NAME  |                 |
| STREET ADDRESS             | 777 E 25ST #311            | 1.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | HIALEAH FL 33013           | 1.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | VPD                        | 2.1 TITLE   | Change Addition |
| NAME                       | BERMUDEZ, OVIDIO M.D.      | 2.2 NAME  |                 |
| STREET ADDRESS             | 3100 SW 62 AVE             | 2.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | MIAMI FL 33155             | 2.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | TD                         | 3.1 TITLE   | Change Addition |
| NAME                       | SILVERIO, JUAN M.D.        | 3.2 NAME  |                 |
| STREET ADDRESS             | 1121 CRANDON BLVD #705D    | 3.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | KEY BISCAVNE FL 33149      | 3.4 CITY-ST-ZIP                                       |                 |
| TITLE                      | S                          | 4.1 TITLE   | Change Addition |
| NAME                       | VALDES, ERNESTO M.D.       | 4.2 NAME  |                 |
| STREET ADDRESS             | 7211 S.W. 62 AVE SUITE 206 | 4.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                | MIAMI FL 33143             | 4.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                            | 5.1 TITLE   | Change Addition |
| NAME                       |                            | 5.2 NAME  |                 |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                            | 5.4 CITY-ST-ZIP                                       |                 |
| TITLE                      |                            | 6.1 TITLE   | Change Addition |
| NAME                       |                            | 6.2 NAME  |                 |
| STREET ADDRESS             |                            | 6.3 STREET ADDRESS                                    |                 |
| CITY-ST-ZIP                |                            | 6.4 CITY-ST-ZIP                                       |                 |

14. I do 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 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, changed, or on an attachment with an address.

SIGNATURE: Juan Silverio M.D. 01/14/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034045

CR2E037 (9/96)