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May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morton</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759152** (2)  
1. Corporation Name  
**CUBAN PEDIATRIC SOCIETY, INC.**



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

Mailing Address  
**P.O. BOX 558988  
MIAMI FL 33255**

3. Date Incorporated or Qualified

**07/13/1981**

4. FEI Number

**65-0285587**

Applied For

Not Applicable

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip Country

**24**  
Country

2a. Mailing Address

**25**  
Suite, Apt. #, etc.

**26**  
City & State

**27**  
Zip Country

**28**  
Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SILVERIO, JUAN M.D.  
1121 CRANDN BLVD #705D  
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

**81** Name **Mayra Capote, M.D.**  
**82** Street Address (P.O. Box Number is Not Acceptable) **3175 S.W. 113th Ct.**  
**83**  
**84** City **Miami** **FL** **85** Zip Code **33165**

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 **Mayra Capote, M.D.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/23/98**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **DE QUESADA, GONZALO M.D.**  
STREET ADDRESS **777 E 25ST #311**  
CITY-ST-ZIP **HALEAH FL 33013**

TITLE **VPD** ☒ DELETE  
NAME **BERMUDEZ, OVIDIO M.D.**  
STREET ADDRESS **3100 SW 62 AVE**  
CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TD** ☐ DELETE  
NAME **SILVERIO, JUAN M.D.**  
STREET ADDRESS **1121 CRANDON BLVD #705D**  
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **S** ☐ DELETE  
NAME **VALDES, ERNESTO M.D.**  
STREET ADDRESS **7211 S.W. 62 AVE SUITE 208**  
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **I** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **JUAN SILVERIO, M.D.**  
3.3 STREET ADDRESS **1121 CRANDON BLVD #705D**  
3.4 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **ERNESTO VALDES, M.D.**  
4.3 STREET ADDRESS **7211 S.W. 62 AVE #208 (S)**  
4.4 CITY-ST-ZIP **MIAMI, FL 33143**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **CAPOTE, Mayra M.D.**  
5.3 STREET ADDRESS **3175 S.W. 113th Ct.**  
5.4 CITY-ST-ZIP **Miami, FL 33165**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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: **Mayra Capote, M.D.**

DATE **2/23/98** (305) 823-7768

CR2E037 (1097)