

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90005 043 ***150.00

DOCUMENT # M19530

1. Entity Name
PEDIATRIC CRITICAL CARE OF SOUTH FLORIDA, P.A.



Principal Place of Business

**140 ROYAL PALM COURT
PLANTATION, FL 33317**

Mailing Address

**140 ROYAL PALM COURT
PLANTATION, FL 33317**

2. Principal Place of Business

157 Dockside Circle
Suite, Apt. #, etc.

3. Mailing Address

157 Dockside Circle
Suite, Apt. #, etc.

City & State

Weston, FL

Zip
33327

Country

City & State

Weston, FL

Zip
33327

Country

4. FEI Number

59-2567276

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATKINSON, WILSON C III
1946 TYLER STREET
HOLLYWOOD, FL 33020**

7. Name and Address of New Registered Agent

Name
Allan Greissman

Street Address (P.O. Box Number is Not Acceptable)

157 Dockside Circle

City **Weston**

FL

Zip Code
33327

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

Due by September 8, 2004

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GREISSMAN, ALLAN**
STREET ADDRESS **157 DOCKSIDE CIRCLE**
CITY-ST-ZIP **WESTON, FL 33327**

TITLE **ST** ☐ Delete
NAME **LAVADOSKY, GERALD**
STREET ADDRESS **3501 JOHNSON STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
54063158
#M19530

Akerman Senterfitt
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561 653 5000 tel 561 659 6313 fax

July 9, 2004

Division of Corporations
Florida Department of State
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Pediatric Critical Care of South Florida, P.A.

Dear Sir or Madam:

Enclosed please find the 2004 annual report for Pediatric Critical Care of South Florida, P.A., along with this Firm's check in the amount of \$150.00 for filing fees. Our client did not receive the original notice and was unaware that the annual corporate filing had not been filed. Now that we have corrected the mailing address this will not happen in the future.

Should you have any questions, please do not hesitate to call me.

Very truly yours,

AKERMAN SENTERFITT



Valerie G. Larcombe
For the Firm

VGL/dh
Enclosure

cc: Dr. Allan Greissman

FOR A COMPLETE LIST OF OUR OFFICES, PLEASE VISIT OUR WEBSITE AT WWW.AKERMAN.COM
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