

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT #
1. Entity Name
Northwest Pediatric, Inc
P 20000072476

FILED

04 FEB 26 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
646 NW 183rd ST.
Suite, Apt. #, etc.

3. Mailing Address
646 BW 183rd St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State miami, FL		City & State Miami, FL		4. FEI Number 65-1028500	Applied For Not Applicable
Zip 33169	Country	Zip 33169	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Denise Castillo

Street Address (P.O. Box Number is Not Acceptable)
646 NW 183rd St.

City
Miami

FL

Zip Code
33169

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 Denise Castillo
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Denise Castillo 646 nw 183RD Street Miami, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800029571598 03/01/04--01025--008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carlos Castillo 646 nw 183RD Street Miami, FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Castillo Denise castillo 2/23/04 305-441-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #