

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90164 012 \*\*\*150.00

**C0060238**

DO NOT WRITE IN THIS SPACE

DOCUMENT # *p96000040478*

1. Entity Name  
*Pediatric Associates Management Services, Inc.*

Principal Place of Business Mailing Address  
*4620 N. State Road 7*  
*Bldg H. Ste 316*  
*Lauderdale Lakes, FL 33319.*

2. Principal Place of Business <i>4620 N. State Rd 7</i> Suite, Apt. #, etc. <i>Bldg H Ste 316</i> City & State <i>Lauderdale lakes, FL</i> Zip <i>33319</i> Country <i>USA</i>		3. Mailing Address <i>4620 N. State Rd 7</i> Suite, Apt. #, etc. <i>Bldg H Ste 316</i> City & State <i>Lauderdale Lakes, FL</i> Zip <i>33319</i> Country <i>USA</i>	
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4. FEI Number <i>59-1198552</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent  
*Jacobson, James C*  
*6950 Cypress Road*  
*Suite 207*  
*Plantation, FL 33317*

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE <i>PD</i>	<input type="checkbox"/> Delete
NAME <i>Levin, Philip</i>	
STREET ADDRESS <i>16100 VIA Monteverde</i>	
CITY-ST-ZIP <i>Delray Beach, FL 33446-2365</i>	
TITLE <i>V</i>	<input type="checkbox"/> Delete
NAME <i>Shulman, Peter</i>	
STREET ADDRESS <i>3237 S. Port Royale Drive # G</i>	
CITY-ST-ZIP <i>Ft. Lauderdale, FL 33308</i>	
TITLE <i>V</i>	<input type="checkbox"/> Delete
NAME <i>Jacobson, Jed</i>	
STREET ADDRESS <i>4220 Van Buren Street</i>	
CITY-ST-ZIP <i>Hollywood, FL 33021</i>	
TITLE <i>sr</i>	<input type="checkbox"/> Delete
NAME <i>Lieberman, Gary</i>	
STREET ADDRESS <i>11600 Island Road</i>	
CITY-ST-ZIP <i>Cooper City, FL 33026</i>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Shulman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/18/01*  
 Date Daytime Phone #

CR2E034 (1/1/00)