2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90006 032 ***150.00

DOCUMENT # P99000001057

1. Entity Name
KIDSVILLE PEDIATRICS, P.A.

Principal Place of Business	Mailing Address
129 SOUTH 5TH ST. HAINES CITY FL 33814	129 SOUTH 5TH ST. HAINES CITY FL 33844-5253

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
HAINES City	129 S. 5th street
Suite, Apt. #, etc.: Suite A	Suite, Apt. #, etc.: Suite A.
City & State: HAINES City, FL.	City & State: HAINES City, FL.
Zip: 33844 / Country: USA	Zip: 33844 / Country: USA

4. FEI Number 593551592 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional *Fee Required*

6. Name and Address of Current Registered Agent

~~SWART, HARRY J CPA~~
~~717 E. OAK ST.~~
~~KISSIMMEE FL 34744~~

7. Name and Address of New Registered Agent

Name: FRANCELIS I. GONZALEZ M.D.
Street Address (P.O. Box Number is Not Acceptable): 129 South 5th STREET SuiteA
City: HAINES City FL Zip Code: 33844

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 [signature] M.D. 5/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible *Tax filing requirement and elects to do so.* (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, FRANCELIS I 129 SOUTH 5TH ST. HAINES CITY FL 33814 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] M.D. 5/22/00 863) 419-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #