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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P99000001057

1. Entity Name
KIDSVILLE PEDIATRICS, P.A.

Principal Place of Business
2201 NORTH BLVD. WEST
DAVENPORT FL 33837

Mailing Address
2201 NORTH BLVD. WEST
DAVENPORT FL 33837

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
SAME AS ABOVE		SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3551592 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, FRANCELIS I M.D.
2201 NORTH BLVD. WEST
DAVENPORT FL 33837

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

SIGNATURE ______________________________
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
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DR.	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, FRANCELIS I		NAME		
STREET ADDRESS	2201 NORTH BLVD. WEST		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT FL 33837		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (4/03)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/25

Kidsville Pediatrics I, P.A.

2201 North Blvd. West • Davenport, Florida 33837
Phone 863) 419-0688 • Fax 863) 419-9547 • Email KPediatr@TampaBay.rr.com

July 21, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, Fl 32302-1500
(850) 488-9000
Attn; Annuel Report Section –

To whom it may concern;

My name is Francelis I Gonzalez MD owner of Kidsville Pediatrics I, P.A. On 07/07/2003 we received the application form regarding the 2003 Uniform Business Report for this year. This form stated that it was a second notice. Please be advised that this is the first time that we get this form this year.

We would like for your office to waive the $ 400.00 penalty that has been applied to this business report, since we did not received one earlier. Enclosed is a check for the amount of $150.00, with the renewal form. If you have any question please feel free to give me a call at (407) 346-2999.

Sincerely,

Francelis I. Gonzalez MD