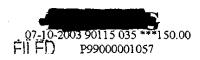
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P9900001057 1. Entity Name KIDSVILLE PEDIATRICS, P.A.							FILED Jul 24, 200 Secretary	03 8:00 of State	A.M.	
Principal Place of Business Mailing Address 2201 NORTH BLVD. WEST 2201 NORTH BLVD. WEST DAVENPORT FL 33837 DAVENPORT FL 33837							T T T T TUTURN HE MANT HOKE WHEN BOY	? 93 411 38 417 63487 2441 8818C 41	HU HEKK HEK	
2. Principal Place of Business AME AS AROVE Suita, Apt. #, etc. Suita, Apt. #, etc.							☐ CHECK HERE I	F MAKING CHANGES		
City & State			City 8	City & State			4, FEI Number 59-3551592		Applied For Not Applicable	
ZIp	V	Country	Zip	V	Cour	ntry	5. Certificate of Status Desired	S8.75 Addit		
6. Name and Address of Current Registered Agent Nam							7. Name and Address of New Re	gistered Agent		
GONZALEZ, FRANCELIS I M.D. 2201 NORTH BLVD. WEST DAVENPORT FL 33837						Street Address (P.O. Box Number is Not Acceptable)			
		-	 		No. 11 Av. 11	City		FL Zip Code		
8. The above named entity submits this statement for the purpose of manging 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 primed name of registered agent and title if applicated (NOTE: Registered Agent signature required when refrestating) OATE										
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						·	Election Campaign Fina Trust Fund Contribution	· _ ++	May Be	
10.		OFFICERS AND	DIRECTOR		11.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. Delete GONZALEZ, FRANCELIS I 2201 NORTH BLVD. WEST DAVENPORT FL 33837					E IE EET ADDRESS -ST-ZIP		☐ Change	CR2E034 (4/03)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1		☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deleta			,	☐ Change	Addition	
12. I hereby certify that the information supplied with this tiling 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 accyrate 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 entries were done to exempt to this report as exempted 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 the empowered.										
SIGNATURE: SIGNATURE AND TYPED OF PRINTED MARKE OF SKRINING OFFICER BY CIRECTOR Date Date Destino Proces in										

Kidsville Pediatrics I, P.A.

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

July 21, 2003

Eqivision 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

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