04-30-2004 90391 046 ***150.00
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FILED
04 MAY 14 PM 4:31
TALLAHASSEE, FLORIDA

03-04

04/28/03 91521 048 $150.00
DO NOT WRITE IN THIS SPACE

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011975

1. Entity Name

PEDIATRICS PLAZA, INC.

Principal Place of Business	Mailing Address
178 WILSHIRE BLVD CASSELBERRY FL 32707	10014 VALLEY ROSE COURT ORLANDO, FL 32825

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

4. FEI Number 59-3558316 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PSTD
JIMENEZ, SANTIAGO A M.D.
10014 VALLEY ROSE COURT
ORLANDO, FL 32825

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
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD JIMENEZ, SANTIAGO A M.D. 10014 VALLEY ROSE COURT ORLANDO, FL 32825 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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JB 5/14

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 Santiago A. Jimenez MD — SANTIAGO A. JIMENEZ M.D. 4/27/04 407 767-2428

Santiago A. Jimenez, M.D., P.A.