

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUN 14 AM 10:03

**DOCUMENT # S46575 (4)**

1. Corporation Name  
**MIDWAY PEDIATRICS, P.A.**

Principal Place of Business  
**C/O PEDRO A. SANCHEZ DIAZ  
8100 W. FLAGLER ST., STE 201  
MIAMI FL 33144-2155  
US**

Mailing Address  
**SANCHEZ  
% PEDRO A. GANZES DIAZ  
8100 W. FLAGLER ST., SUITE 201  
MIAMI FL 33144-2155**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/10/1991	08/08/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0270011	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Activities Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 198.046, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
<b>DIAZ, PEDRO A. SANCHEZ 8100 W. FLAGLER ST. SUITE 201 MIAMI FL</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, PEDRO A. SANCHEZ	12 NAME	
STREET ADDRESS	20000 N.W. 83RD CT	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	14 CITY, ST, ZIP	
TITLE	VST	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISRAEL D. ALVAREZ	22 NAME	PEDRO A SANCHEZ-DIAZ, MD
STREET ADDRESS	8323 NW 195TH TERR.	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ISRAEL D.	32 NAME	PEDRO A SANCHEZ-DIAZ, MD
STREET ADDRESS	8323 NW 195TH TERR.	33 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* PEDRO A SANCHEZ-DIAZ, MD; President 6/9/95 (305) 261-8100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3-95)