

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N12000008352

**Entity Name:** PEDIATRIC SPECIALTY GROUP, INC.

**Current Principal Place of Business:**

3100 SW 62ND AVE.  
MIAMI, FL 33155

**Current Mailing Address:**

3100 SW 62ND AVE.  
MIAMI, FL 33155 US

**FEI Number:** 46-3756071

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MIAMI CHILDREN'S HEALTH SYSTEM, INC C/O LEGAL DEPT  
3100 SW 62ND AVE.  
MIAMI, FL 33155 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name SOTO, ALEX  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name LOVE, MATTHEW  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title SENIOR MEDICAL DIRECTOR OF  
PEDIATRIC SERVICES  
Name MESTRE, MARCOS MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DAVE, SANDEEP MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name MUNIZ CRIM, ALISA MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title INTERIM PRESIDENT/SECRETARY  
Name PERLYN, CHAD MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name ROSSI, ANTHONY MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title VICE CHAIR  
Name SPURDLE, CRAIG MD  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAD PERLYN, MD

INTERIM  
PRESIDENT/SECRETARY

09/04/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MURGADO, MARIO  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name PATEL, RICKY ESQ.  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name BOGGS, MICHELLE  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name CHRISTIN, NICOLE MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name LAUFER, P. MARCELO MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name PENA, BARBARA MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name RIVERO-CONIL, SARA DR.  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DAVIS, JARET ESQ.  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name REED, PERRY ANN  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name GEORGE, STEPHEN MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DROSSNER, DAVID MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name NIAZI, TOBA MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name RAMON-COTON, MARIA MD  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title CHIEF FINANCIAL OFFICER AND  
TREASURER  
Name JAVERSACK, DAWN  
Address 3100 SW 62ND AVE.  
City-State-Zip: MIAMI FL 33155