

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 600033 (5)  
1. Corporation Name  
NORTH PARK PEDIATRICS PROFESSIONAL ASSOCIATION



Principal Place of Business  
100 NW 170TH ST  
SUITE 301  
NORTH MIAMI BEACH FL 33189  
US

Mailing Address  
MICHAEL B. UDELL  
235 NO. UNIVERSITY DRIVE  
PEMBROKE PINES FL 33024-6715

3. Date Incorporated or Qualified  
09/12/1961

3a. Date of Last Report  
03/04/1996

4. FEI Number  
59-0937192

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

UDELL, MICHAEL B.  
235 NO. UNIVERSITY DRIVE  
PEMBROKE PINE FL 33024

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                        |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |                                   |  |
|----------------------------|------------------------|---------------------------------|--|-------------------------------------------------------|---------------------------------|-----------------------------------|--|
| TITLE                      | P                      | <input type="checkbox"/> DELETE |  | 1.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | KENDRICK, WILLIAM M.   |                                 |  | 1.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             | 1195 WATERVIEW LANE    |                                 |  | 1.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | FT. LAUDERDALE FL      |                                 |  | 1.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | V                      | <input type="checkbox"/> DELETE |  | 2.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | TUCKER, STEVEN G.      |                                 |  | 2.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             | 9454 SW 77 AVENUE, #58 |                                 |  | 2.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | MIAMI FL               |                                 |  | 2.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | S                      | <input type="checkbox"/> DELETE |  | 3.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | ROTH, MARY K.          |                                 |  | 3.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             | 14712 BALGOWEN ROAD    |                                 |  | 3.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | MIAMI LAKES FL         |                                 |  | 3.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      | T                      | <input type="checkbox"/> DELETE |  | 4.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | ACEVEDO, RAY           |                                 |  | 4.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             | 9440 N.W. 33RD MANOR   |                                 |  | 4.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                | SUNRISE FL             |                                 |  | 4.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 5.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | 5.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | 5.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | 5.4 CITY-ST-ZIP                                       |                                 |                                   |  |
| TITLE                      |                        | <input type="checkbox"/> DELETE |  | 6.1 TITLE                                             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                        |                                 |  | 6.2 NAME                                              |                                 |                                   |  |
| STREET ADDRESS             |                        |                                 |  | 6.3 STREET ADDRESS                                    |                                 |                                   |  |
| CITY-ST-ZIP                |                        |                                 |  | 6.4 CITY-ST-ZIP                                       |                                 |                                   |  |

14. I do 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 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: *William M. Kendrick* William M. Kendrick 1/7/97 (305) 651-2223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)