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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90041 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 600033			
1. Corporation Name NORTHPARK PEDIATRICS PROFESSIONAL ASSOCIATION			
Principal Place of Business 100 NW 170TH ST SUITE 201 NORTH MIAMI BEACH FL 33169 US		Mailing Address C/O UDELL, MICHAEL 5745 S. UNIVERSITY DR. DAVIE FL 33328 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent UDELL, MICHAEL B. 5745 S. UNIVERSITY DR. DAVIE FL 33328		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	KENDRICK, WILLIAM M.		
STREET ADDRESS	1195 WATERVIEW LANE		
CITY-ST-ZIP	FT. LAUDERDALE FL		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	TUCKER, STEVEN G.		
STREET ADDRESS	844 SW 138TH ST		
CITY-ST-ZIP	MIAMI FL 33158		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	ROTH, MARY K.		
STREET ADDRESS	10711 COLLINS AVE #2607		
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	ACEVEDO, RAY		
STREET ADDRESS	9440 N.W. 33RD MANOR		
CITY-ST-ZIP	SUNRISE FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	WESTON, FL 33326		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
4.2 NAME	T & S		
4.3 STREET ADDRESS	ACEVEDO, RAY		
4.4 CITY-ST-ZIP	11524 TERRA BELLA BLVD. DAVATION, FL 33325		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (305) 651-2223
Date Daytime Phone #

CR2E034 (11/98)

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