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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90102 039 ***150.00

| DOCL | JMENT | # 60 | M21 4 |
|------|--------------|------------|--------------|
| | | TIL | K ルフ I 👄 |

1. Corporation Name

SALTZMAN, TANIS, PITTELL, LEVIN & JACOBSON, P.A.

| DBA | - Pediatric Assoc | ciates | | | | | |
|---|---|--|---|---|---|--|--|
| Principal Place | e of Business | Mailing Address | | | | (B), B)B)(B(B), B) | |
| JACOBSON, P.A | Α | JACOBSON, P.A. | | | | | |
| 4500 SHERIDAN | | 4500 SHERIDAN STREET | | | | | |
| HOLLYWOOD FL 33021 . HOLLYWOOD FL 33021 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | 3. Date Incorporated or Qualifed | | 1 |
| | - | | | | 12/19/1967 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | h | Applied For |
| 21 | | 26 | | | 59-1198552 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | 5 Additional |
| 22 | | 27 | | | 0. 300. | Fee | Required |
| City & State | e | - City & State | | | 6. Election Campaign Financing | | 10 . May.Be == |
| 23 | | 28 | | | Trust Fund Contribution | Adde | ed to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year | | |
| 24 | 25 | 29 30 | 0 | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registe | red Agent | |
| 44.0 | 000011 141450 045V | • . | 81 | Name TALL | ES CARY JACOBSON | | |
| | OBSON, JAMES CARY | | 82 | | iss (P.O. Box Number is Not Acceptable) | | |
| | W BROWARD BLVD | • | 102 | 695 | O CYPRESS ROAD, SUITE 2 | 07 | |
| SUIT | E 401 | | 83 | | | | |
| PLAN | NTATION FL 33324 | | | | <u> </u> | <u> </u> | - 1 |
| Sec. 30.7 | 7 48 18 22 18 <u>22 18 </u> | | 84 | City PLAI | NTATION | | io Code 3317 |
| 11. Pursuant office or re agent. Lai | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation | and 607.1508, Florida Statutes, Florida. Such change was authors of, Section 607.0505, Florid | , the above- norized by t a Statutes. | -named corpo he corporation | ration submits this statement for the purposities board of directors. I hereby accept the appropriate the second sec | e of changing ppointment as | registered registered |
| SIGNATURE | Signature, typed or printed pame of registered agent | | | | | | |
| 12. | OFFICERS AND | and title if applicable (NOTE: Re | egistered Agent | signature required | when reinstating) DATI | E | |
| TITLE | | | | signature required | Tiridi ramasang, | | TORS IN 12 |
| | P | | 13. | signature required | when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS | | |
| | P LEVIN MTD P | DIRECTORS | 13. 1.1 TITLE | P | Tiridi ramasang, | S AND DIREC | |
| NAME | P LEVIN, M.D. P | DIRECTORS | 13. 1.1 TITLE 1.2 NAME | P | ADDITIONS/CHANGES TO OFFICERS | S AND DIREC | |
| NAME STREET ADDRESS | 46 GREENS RD | DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | P Le | ADDITIONS/CHANGES TO OFFICERS VIO PHILIP MD 2100 VIA MONTEVERDE | S AND DIREC | ge Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 46 GREENS RD HOLLYWOOD FL | DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST | ADDRESS 16 | ADDITIONS/CHANGES TO OFFICERS | S AND DIREC | ge Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | 46 GREENS RD HOLLYWOOD FL V | DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST- 2.1 TITLE | ADDRESS 1 G | ADDITIONS/CHANGES TO OFFICERS VIA, Philip MB 2100 VIA Monteverde CITAY BEACH EL 3344 | S AND DIREC | ge Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 46 GREENS RD HOLLYWOOD FL V SHULMAN, M.D. P | DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME | ADDRESS 16 | ADDITIONS/CHANGES TO OFFICERS VIO , Philip MD 2100 VIA Monteverde elray Beach KL 3344 hulman , Peter MD | S AND DIRECTOR | ge Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | 46 GREENS RD HOLLYWOOD FL V SHULMAN, M.D. P 5810 W 33 TER | DIRECTORS DELETE | 13. 1.3 TITLE 12 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, | ADDRESS LE | ADDITIONS/CHANGES TO OFFICERS VIO , Philip MD 2100 VIA Monteverde elray Beach FL 3344 hulman , Peter MD 237 5. PORT ROYAL DR | S AND DIRECTION Change Change Control | ge Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 46 GREENS RD HOLLYWOOD FL V SHULMAN, M.D. P 5810 W 33 TER FT_LAUDERDALE FL | DIRECTORS DELETE | 13. 1.3 TITLE 12 NAME 1.3 STREET, 1.4 CITY-ST. 2.1 TITLE 2.2 NAME 2.3 STREET, 2.4 CITY-ST. | ADDRESS LE | ADDITIONS/CHANGES TO OFFICERS VIO , Philip MD 100 VIA Monteverde etray Beach EL 3344 hulman , Peter MD 137 5. PORT ROYAL DR | SAND DIRECTION OF CHARLES OF CHAR | ge Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 46 GREENS RD HOLLYWOOD FL V SHULMAN, M.D. P 5810 W 33 TER FT_LAUDERDALE FL S | DIRECTORS DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET, 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET, 2.4 CITY-ST 3.1 TITLE | ADDRESS LE | ADDITIONS/CHANGES TO OFFICERS VIO , Philip MD 2100 VIA Monteverde elray Beach FL 3344 hulman , Peter MD 237 5. PORT ROYAL DR | S AND DIRECTION Change Change Control | ge Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | 46 GREENS RD HOLLYWOOD FL V SHULMAN, M.D. P 5810 W 33 TER FT_LAUDERDALE FL S JACOBSON, M.D. J | DIRECTORS DELETE | 13. 1.3 TITLE 1.2 NAME 1.3 STREET. 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET. 2.4 CITY-ST 3.1 TITLE 3.2 NAME | ADDRESS 1 C S 1 ADDRESS 3 ? ZIP | ADDITIONS/CHANGES TO OFFICERS VIO , Philip MD 2100 VIA Monteverde elray Beach FL 3344 hulman , Peter MD 237 5. PORT ROYAL DR | SAND DIRECTION OF CHARLES OF CHAR | ge Addition |
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

☐ Addition