2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90080 022 ***150.00

DOCUMENT # 601126

1. Entity Name

ATLANTIC COAST PEDIATRICS, M.D., P.A.

Principal Place of Business	Mailing Address
255 BORMAN DR MERRITT ISLAND FL 32953 US	255 BORMAN DR MERRITT ISLAND FL 32953-3467 US

029579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
333 W. COCOA BEACH CSWY	333 W. COCOA BEACH CSWY
Suite, Apt. #, etc.: SUITE 6	Suite, Apt. #, etc.: SUITE 6
City & State: COCOA BEACH FL	City & State: COCOA BEACH FL
Zip: 32931 Country:	Zip: 32931 Country:

4. FEI Number 59-1263689 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, LUIS A 255 BORMAN DR MERRITT ISLAND FL 32953	Name: Street Address (P.O. Box Number is Not Acceptable): 333 W. COCOA BEACH CAUSEWAY, SUITE 6 City: COCOA BEACH FL Zip Code: 32931

8. 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 Luis A. Gonzalez, M.D. DATE 3/20/2000

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, LUIS S 220 S COURTENAY PKWY MERRITT ISL FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 333 W. COCOA BEACH CSWY, SUITE 6 COCOA BEACH FL 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STVP COSGROVE, LISA A MD 220 S COURTENAY PKWY MERRITT ISLAND FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition 333 W. COCOA BEACH CSWY, SUITE 6 COCOA BEACH, FL 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis A. Gonzalez SIGNATURE REQUIRED President 3/20/2000 (321) 783-7712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #