## **2001 UNIFORM BUSINESS REPORT (UBR)** Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # 604483** INFANTS AND CHILDREN, P.A. 01-30-2001 90071 028 \*\*\*150.00 Principal Place of Business Mailing Address 5205 VILLAGE BLVD. 5205 VILLAGE BLVD. WEST PALM BEACH FL WEST PALM BEACH FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1448429 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent EDWARDS, CHARLES G. MD 2311 N FLACKÉR DR. W. PALM BÉAICH FL 33407 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, 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, 2001 Fee will be \$550.00 Make Check Payable to Department of State			n Campaign Financ und Contribution.	ing 🔲		May Be to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	PD	Delete	TITLE	Pth da	CH	anlan	MDD	Change	Addition
NAME	EDWARDS,CHARLES G.	<b>'</b> \	NAME	I HUU	CC,TI				
STREET ADDRESS	2311 N. FLAGLER DR		STREET ADDRESS	5209	5 U I I	lage Bil	va.		
CITY-ST-ZIP	W. PALM BEACH FL	,	CITY-ST-ZIP	WAR	3.FL	336	107		
TITLE	VD	Delete	TITLE		-			Change	☐ Addition
NAME	EDDLEMAN,ROBERT W.	<b>/</b> \	NAME						
STREET ADDRESS	2311 N. FLAGLER DR.		STREET ADDRESS						
CITY-ST-ZIP	W. PALM BEACH FL		CITY-ST-ZIP	1				_	
TITLE	TD	☐ Delete	TITLE	TD,	- 1	T 017	<u> </u>	Change	Addition
NAME .	ROBERTS,EARL J.		NAME	Roberts	s, Earl	J., M.D. Blud.			~
STREET ADDRESS	2311 N. FLAGLER DR		STREET ADDRESS	15205 U	illage	Blud.			
CITY-ST-ZIP	W. PALM BEACH FL	`	CITY-\$T-ZIP	WPB	.FL	33407			
TITLE.	SD	Delete	TITLE	1 '				Change	☐ Addition
NAME	AQUINO, CARLOS	· \	NAME						
STREET ADDRESS	2311 N. FLAGLER DR		STREET ADDRESS						
CITY-ST-ZIP	W. Palm Beach Fl		CITY-ST-ZIP					_	
TITLE	VP	□ Delete	TITLE	VP		10 7		Change	Addition
NAME	ROMEAR, RONALD MD		NAME	Romeal	r Kond	ald, MD	_•		
STREET ADDRESS	2311 NO. FLAGLER DR.		STREET ADDRESS	5205	'Villa	ge B'lud.			
CITY-ST-ZIP	W. PALM BCH FL		CITY-ST-ZIP	west	falm	Beach, f	L 33	3407	7
TITLE .	VP	☐ Delete	TITLE	VP.		, ,	n t	Thange	☐ Addition
NAME	BEATTIE, JAMES H		NAME	Beatti	e, Jam	ies H, M	D	-	
STREET ADDRESS	2311 NO. FLAGLER DR.		STREET ADDRESS	5205 U	illage	Blud.			
CITY OT 710	W. DALM DOLOULO		OUTS OF THE	IT. T. T. I	カー・	ا ا ت	<b>一</b> 。つ	ラ//λ	7

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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

707173

DATE

Applied For

\$8.75 Additional

Fee Required

Not Applicable