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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #** 

713052

(9)

FILED
Feb 04 1998 8:00am
Secretary of State

Principal Place of Business   Mailing Address		er Miami Pediatric Soc	CIETY, INC.					
MAMI BEACH FL 33140  MIAMI BEACH FL 33140  M	Principal Plac	e of Business	Mailing Address	<u> </u>		i indiți sudui iiubu iiiț dutut diți# iiui didi	f 01031 01011 plati 010	III BIRIL IRBS
2. Mailing Address   28. Mailing Address   5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Addition				)		07/11/1967 4- FEI Number		
Sulte, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address					
City & State	21		26			5. Certificate of Status Desired		
City & State		#, etc.	<del></del>			, · · · · · · · · · · · · · · · · · · ·		
28	City & Stat	a						
Zip   Country   Zip   Country   Zip   Country   St. This corporation owes or has paid the current year intangible   Personal Property Tax due June 30.   Yes   No   No   No   No   No   No   Yes   No   No   No   No   No   No   No   N						17?		
24 25 29 30 Personal Property Tax due June 30. Yes No  3. Name and Address of Current Registered Agent  PRESS, M.D. SHIRLEY 3717 CHASE AVE. MIAMI BEACH FL 33140  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1509, Florida Statutes, the above agent of company of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or privad name of registered agent and sitio if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  PRESS, SHIRLEY M  STREET ADDRESS  3717 CHASE AVE.  MIAMI BCH. FL  PD  DELETE  11. STREET ADDRESS  PRIEDMAN, LAWRENCE B M.D.  12. NAME  PRIEDMAN, LAWRENCE B M.D.  13. STREET ADDRESS  PRIEDMAN, LAWRENCE B M.D.  14. CHY-ST-ZP  MIAMI FL  NAME  PRIEDMAN, LAWRENCE B M.D.  15. STREET ADDRESS  PRIEDMAN STREET ADDRESS  PRIEDMAN STREET ADDRESS  P	Zip	Country		Country		<del></del>		anaible
PRESS, M.D. SHIRLEY 3717 CHASE AVE. MIAMI BEACH FL 33140  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code    85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is Not Acceptable)  88   Street Address (P.O. Box Number is Not Acceptable)  89   Street Address (P.O. Box Number is Not Acceptable)  80   Street Address (P.O. Box Number is Not Acceptable)  81   Street Address (P.O. Box Number is Not Acceptable)  82   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   Street Address (P.O. Box Number is Not Acceptable)  85   Street Address (P.O. Box Number is Not Acceptable)  86   Street Address (P.O. Box Number is Not Acceptable)  87   Street Address (P.O. Box Number is	24			30		· ·		
PRESS, M.D. SHIRLEY 3717 CHASE AVE. MIAMI BEACH FL 33140  82 Street Address (P.O. Box Number is Not Acceptable)  83 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, are appointment as registered agent, are appointment as registered agent and still it applicable.  SIGNATURE  Signature:  SIGNATURE  TO  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TO  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TO  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TO  OFFICERS AND DIRECTORS  14. TITLE  OFFICERS AND DIRECTORS IN 12  TITLE  TO  OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS I		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ed Agent	
3717 CHASE AVE. MIAMI BEACH FL 33140  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617,0503, Florida Statutes.  SIGNATURE Signature. Signature to the provisions of Sections of 17,0502 and 617,1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and with it applicable.  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  TITLE  TITLE  DELETE  11. TITLE  PD  Cathy A. Burnweit no  NAME  PRESS, SHIRLEY M  12. NAME  Cathy A. Burnweit no  NI (Amr.), FL 33155  Change Addition  NAME  FRIEDMAN, LAWRENCE B M.D.  22. NAME  FRIEDMAN, LAWRENCE B M.D.  22. NAME  FRIEDMAN, LAWRENCE B M.D.  22. NAME  TITLE  VD  DELETE  TITLE  VD  Change Addition  Change Addition  NAME  SCHOBEL, RUTH MD/FAAP  32. NAME				81	Name			İ
MIAMI BEACH FL 33140    84   City   FL   85   Zip Code				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the abligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the abligations of, Section 617.0503, Florida Statutes.    SIGNATURE	1			93				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature  Signature  To corporation is board of directors. I hereby accept the appointment as registered agent agent and site if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE  12. OFFICERS AND DIRECTORS  TITLE  TD DELETE  1.1 TITLE  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI BCH. FL  TITLE  PD DELETE  1.4 CITY-ST-ZIP  MIAMI BCH. FL  TITLE  PD DELETE  2.1 TITLE  PD DELETE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  TITLE  VD DELETE  3.1 TITLE  VD Change Addition  NAME  SCHOBEL, RUTH MD/FAAP  3.2 NAME	MIAMIB	EACH FL 33140		[63]				<u> </u>
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Typed or printed name of registered agent and site it explicable. (NOTE: Registered Agent signature required when relestating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  TD  VERSION OFFICERS AND DIRECTORS IN 12.  ITITLE  PRESS, SHIRLEY M  1.2 NAME  STREET ADDRESS  3717 CHASE AVE.  1.3 STREET ADDRESS  MIAMI BCH. FL  TITLE  PD  MIAMI BCH. FL  TITLE  PD  DELETE  1.1 TITLE  PD  MIAMI BCH. FL  1.4 CITY-ST-ZIP  MIAMI BCH. FL  TITLE  PD  DELETE  2.1 TITLE  PD  MIAMI SCH. FL  33155  Change Addition  Title  VD  NAME  FRIEDMAN, LAWRENCE B M.D.  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  VD  DELETE  3.1 TITLE  VD  DELETE  3.1 TITLE  VD  DELETE  3.1 TITLE  VD  Change Addition  Change Addition				84	City		85 Zip C	Code
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TD  PRESS, SHIRLEY M  12. NAME  PRESS, SHIRLEY M  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Cathy A. Butnucit fro  STREET ADDRESS  CITY-ST-ZIP  MIAMI BCH. FL  TITLE  PD  MAME  PRIEDMAN, LAWRENCE B M.D.  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  TITLE  PD  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  CATHY A. Butnucit fro  Mam Chi Warns Haspital  Miami, FL  33155  Change  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  VD  NAME  SCHOBEL, RUTH MD/FAAP  3.2 NAME		to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida State of Florida. Such change was ations of, Section 617.0503.	stutes, the above as authorized by Florida Statutes	named controls the corpora	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its appointment as r	s registered registered
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TD  NAME  PRESS, SHIRLEY M  STREET ADDRESS  GITY-ST-ZIP  MIAMI BCH. FL  1.1 TITLE  PD  MIAMI BCH. FL  TITLE  PD  DELETE  1.4 CITY-ST-ZIP  MIAMI BCH. FL  1.4 CITY-ST-ZIP  TITLE  PD  TRIEDMAN, LAWRENCE B M.D.  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL  DELETE  2.4 CITY-ST-ZIP  TITLE  VD  NAME  SCHOBEL, RUTH MD/FAAP  3.2 NAME  SCHOBEL, RUTH MD/FAAP  3.2 NAME	SIGNATURE .	Signature, typed or printed name of registered ag-	ent and title if applicable. (I	NOTE: Registered Age	nt signature regu	247	e	
NAME PRESS, SHIRLEY M  STREET ADDRESS  CITY-ST-ZIP  MIAMI BCH. FL  TITLE  PD  MAME  FRIEDMAN, LAWRENCE B M.D.  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  3.1 TITLE  VD  NAME  SCHOBEL, RUTH MD/FAAP  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 NAME  1.2 NAME  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.5 NAME  1.5 NAME  1.5 NAME  1.5 NAME  1.5 NAME  1.5 NAME  1.6						Direc when reinstating) DATE	<u> </u>	I e
STREET ADDRESS         P. O. BOX 016960 (D-820)         2.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL         2.4 CITY-ST-ZIP           TITLE         VD         DELETE         3.1 TITLE         Change         Addition           NAME         SCHOBEL, RUTH MD/FAAP         3.2 NAME	12.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	
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	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	TD PRESS, SHIRLEY M 3717 CHASE AVE. MIAMI BCH. FL PD FRIEDMAN, LAWRENCE B M. P. O. BOX 016960 (D-820) MIAMI FL VD SCHOBEL, RUTH MD/FAAP 7480 FAIRWAY DR, #202	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 NAME 5.3 STREET	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change  Change  Change	Addition  Addition  Addition
- I I	TITLE  NAME  STREET ADDRESS CITY-ST-ZIP	TD PRESS, SHIRLEY M 3717 CHASE AVE. MIAMI BCH. FL PD FRIEDMAN, LAWRENCE B M. P. O. BOX 016960 (D-820) MIAMI FL VD SCHOBEL, RUTH MD/FAAP 7480 FAIRWAY DR, #202	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change  Change  Change	Addition  Addition  Addition  Addition
STREET ADDRESS 6.3 STREET ADDRESS	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	TD PRESS, SHIRLEY M 3717 CHASE AVE. MIAMI BCH. FL PD FRIEDMAN, LAWRENCE B M. P. O. BOX 016960 (D-820) MIAMI FL VD SCHOBEL, RUTH MD/FAAP 7480 FAIRWAY DR, #202	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change  Change  Change	Addition  Addition  Addition  Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	TD PRESS, SHIRLEY M 3717 CHASE AVE. MIAMI BCH. FL PD FRIEDMAN, LAWRENCE B M. P. O. BOX 016960 (D-820) MIAMI FL VD SCHOBEL, RUTH MD/FAAP 7480 FAIRWAY DR, #202	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change  Change  Change	Addition  Addition  Addition  Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

SIGNATURE: