03021999-90072-036-$61.25-$61.25

**FILED**
**Mar 02, 1999 8:00 am**
**Secretary of State**
03-02-1999 90072 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713052

1. Corporation Name
GREATER MIAMI PEDIATRIC SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3717 CHASE AVE.<br>MIAMI BEACH FL 33140 | 3717 CHASE AVE.<br>MIAMI BEACH FL 33140 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 c/o Burnwet MD |
| Suite, Apt. #, etc.<br>22 3200 SW 60 Ct #201 | Suite, Apt. #, etc.<br>27 3200 SW 60 Ct #201 |
| City & State<br>23 Miami FL | City & State<br>28 Miami FL |
| Zip / Country<br>24 33155 25 US | Zip / Country<br>29 33155 30 US |

3. Date Incorporated or Qualified: 07/11/1967
4. FEI Number: 59-0966131 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

PRESS, M.D. SHIRLEY
3717 CHASE AVE.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name: Cathy Burnwet MD
82 Street Address (P.O. Box Number is Not Acceptable): 3200 SW 60 Ct #201
83 Miami FL 33155 USA
84 City: FL 85 Zip Code: 33155

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 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 617.0503, Florida Statutes.

SIGNATURE: C BURNWEIT Treasurer 1/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ DELETE | | |
| TITLE: ~~Pres~~ D<br>NAME: BURNWEIT, CATHY A<br>STREET ADDRESS: 3200 SW 60TH CT #201<br>CITY-ST-ZIP: MIAMI FL 33155 | ☐ DELETE | 1.1 TITLE: ~~Treasurer~~ Director<br>1.2 NAME:<br>1.3 STREET ADDRESS:<br>1.4 CITY-ST-ZIP: | ☑ Change ☐ Addition |
| TITLE: ~~Sec~~ D<br>NAME: FRIEDMAN, LAWRENCE B M.D.<br>STREET ADDRESS: P. O. BOX 016960 (D-820)<br>CITY-ST-ZIP: MIAMI FL | ☐ DELETE | 2.1 TITLE: ~~Secretary~~ Director<br>2.2 NAME:<br>2.3 STREET ADDRESS:<br>2.4 CITY-ST-ZIP: | ☑ Change ☐ Addition |
| TITLE: ~~Dir~~ D<br>NAME: SCHOBEL, RUTH MD/FAAP<br>STREET ADDRESS: 7480 FAIRWAY DR, #202<br>CITY-ST-ZIP: MIAMI LAKES FL | ☐ DELETE | 3.1 TITLE: director<br>3.2 NAME:<br>3.3 STREET ADDRESS:<br>3.4 CITY-ST-ZIP: | ☑ Change ☐ Addition |
| TITLE: ~~Director~~ President<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ DELETE | 4.1 TITLE: President Director<br>4.2 NAME: Ruben Gonzalez-Vallina<br>4.3 STREET ADDRESS: 3200 SW 60 ct #304<br>4.4 CITY-ST-ZIP: Miami FL 33155 | ☐ Change ☑ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ DELETE | 5.1 TITLE:<br>5.2 NAME:<br>5.3 STREET ADDRESS:<br>5.4 CITY-ST-ZIP: | ☐ Change ☐ Addition |
| TITLE:<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP: | ☐ DELETE | 6.1 TITLE:<br>6.2 NAME:<br>6.3 STREET ADDRESS:<br>6.4 CITY-ST-ZIP: | ☐ Change ☐ Addition |

CR2E037 (11/98)

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 617, 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:** SIGNATURE REQUIRED 1-21-99 305 662-8320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #