

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713052

1. Entity Name

GREATER MIAMI PEDIATRIC SOCIETY, INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90028 040 \*\*\*\*61.25

Principal Place of Business

3200 SW 60TH COURT  
MIAMI FL 33155

Mailing Address

C/O BURNWEIT M.D.  
3200 SW 60TH COURT  
MIAMI FL 33155-4000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0966131

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BURNWEIT, KATHY  
3200 60TH COURT #201  
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(If the registered agent's signature is required when filing, attach it.)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BURNWEIT, CATHY A	
STREET ADDRESS	3200 SW 60TH CT #201	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LAWRENCE B M.D.	
STREET ADDRESS	P. O. BOX 016960 (D-820)	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOBEL, RUTH MD/FAAP	
STREET ADDRESS	7480 FAIRWAY DR, #202	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Swartz	
STREET ADDRESS	13500 N Kendall Dr #160	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)