

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90441 012 ****70.00

DOCUMENT # 713052

1. Entity Name
GREATER MIAMI PEDIATRIC SOCIETY, INC.



Principal Place of Business

**3200 SW 60TH COURT
#201
MIAMI FL 33155**

Mailing Address

**C/O BURNWEIT M.D.
3200 SW 60TH COURT #201
MIAMI FL 33155**

2. Principal Place of Business

**11400 N. KENDALL DR A-211
Suite, Apt. #, etc.
MIAMI, FLA 33176**

3. Mailing Address

**11400 N. KENDALL DR
Suite, Apt. #, etc.
A-211**

City & State

MIAMI FLA

Zip

Country

33176

Country

USA

4. FEI Number **59-0966131**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

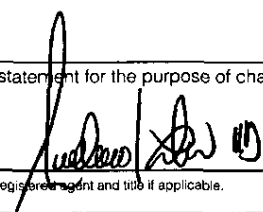
6. Name and Address of Current Registered Agent

**BURNWEIT, CATHY
3200 60TH COURT #201
MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **GUILLERMO J. LLOSA**
Street Address (P.O. Box Number is Not Acceptable)
11400 N. KENDALL DR A-211
City **MIAMI, FL** Zip Code **33176**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/15/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNWEIT, CATHY A	
STREET ADDRESS	3200 SW 60TH CT #201	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" 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 type="checkbox"/> Delete
NAME	NEWCOMM, PHILLIP	
STREET ADDRESS	305 GRANELLO AVE	
CITY-ST-ZIP	MIAMI FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NEDUBA, FRANCISCO	
STREET ADDRESS	8900 N KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francisco Medina	
STREET ADDRESS	8900 N. Kendall Dr	
CITY-ST-ZIP	Miami FL 33176	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shirley Press	
STREET ADDRESS	1611 NW 12 AVE	
CITY-ST-ZIP	MIAMI, FL 33136	
TITLE	NEWCOMM PHILLIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 GRANELLO AVE	
STREET ADDRESS	MIAMI, FLA 33146	
CITY-ST-ZIP		
TITLE	Guillermo J. Llosa	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	11400 N. Kendall Dr A211	
CITY-ST-ZIP	Miami FL 33176	
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**

4/15/03 305 274 2255

CR2E037 (10/02)