

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004094

1. Entity Name

PEDIATRIC SOFTWARE INTERNATIONAL, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90006 019 ***550.00

Principal Place of Business

5670 WILLOW CREEK CT.
DELRAY BEACH FL 33484

Mailing Address

5030 CHAMPION BOULEVARD
SUITE G6290
BOCA RATON FL 33496
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5030 Champion Blvd G-6

PMB 290

Boca Raton FL

33496-2496

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

84-1204849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIELING, EDWARD
5670 WILLOW CREEK ST.
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DCP
NAME FRIELING, DANIEL
STREET ADDRESS 37 SUMMERTREE RUN
CITY-ST-ZIP SPARTA NJ 07871-3740 ☐ Delete

TITLE DVC
NAME FRIELING, EDWARD
STREET ADDRESS 5670 WILLOW CREEK CT.
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE DST
NAME FRIELING, SHERRIE
STREET ADDRESS 17656 FOXWOOD WAY
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE VP
NAME FRIELING, EDWARD
STREET ADDRESS 5670 WILLOW CREEK COURT
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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. 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 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 of Edward Frieling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/28/00 561-496-2173

CR2E034 (5/00)