

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90203 034 ***150.00

DOCUMENT # H79213

1. Entity Name
PALM BEACH PEDIATRICS, P.A.



Principal Place of Business
% DANIEL P. KRAFT
11903 SOUTHERN BLVD. #106
ROYAL PALM BEACH FL 33411

Mailing Address
% DANIEL P. KRAFT
~~**11903 SOUTHERN BLVD. #106**~~
~~**ROYAL PALM BEACH FL 33411**~~
US **NEW**

2. Principal Place of Business

3. Mailing Address
5063 104th Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
GREEN ACRES, FL

4. FEI Number **59-2724116**

Applied For
Not Applicable

Zip

Country

Zip
33463

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KRAFT, DANIEL P.
11903 SOUTHERN BLVD. STE. #106
ROYAL PALM BEACH FL 33411

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MPA	<input type="checkbox"/> Delete
NAME	KRAFT, DANIEL P.	
STREET ADDRESS	11903 SOUTHERN BLVD. STE. #106	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELL, TIMOTHY C	
STREET ADDRESS	11903 SOUTHERN BLVD., STE. 106	
CITY-ST-ZIP	ROYAL PALM BCH. FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CROWLEY, JONELL Y	
STREET ADDRESS	11903 SOUTHERN BLVD. SUITE 106	
CITY-ST-ZIP	ROYAL PALM BEACH 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 607, 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: *Daniel Kraft*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)