

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10796

1. Entity Name

JACKSONVILLE PEDIATRIC ASSOCIATES, M.D., P.A.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90015 022 \*\*\*150.00

Principal Place of Business

Mailing Address

1951 BLVD  
JACKSONVILLE FL 32206-3527

~~330 THIRD ST~~ 851 CHICOPIT LN.  
~~NEPTUNE BEACH FL 32266-5820~~ JAX, FL  
US 32225

2. Principal Place of Business

3. Mailing Address

8774 Perimeter PARK Blvd. 851 Chicopit Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~Jacksonville, FL~~

Jacksonville, FL

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32216

USA

32225

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKEL, EDWARD C.  
2301 INDEPENDENT SQUARE  
JACKSONVILLE FL 32202

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME SILVA, ENRIQUE M., M.D.  
STREET ADDRESS 851 CHICOPIT LANE  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE MD ☐ Delete  
NAME BENITEZ, NORBERTO, M.D.  
STREET ADDRESS 309 PLANTATION CIRCLE  
CITY-ST-ZIP PONTE VEDRA FL 32082

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

TITLE SD ☐ Delete  
NAME ROMEU, ALFREDO MD  
STREET ADDRESS 3940 HILL TERRACE DR  
CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE TD ☐ Delete  
NAME JAQUINTANA, MD  
STREET ADDRESS 2297 OCEAN SIDE CT.  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00 9046426100

Date

Daytime Phone #

CR2E034 (9/99)