

# 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~~

City & State

City & State

**Jacksonville, FL**

**Jacksonville, FL**

Zip

Country

Zip

Country

**32216**

**USA**

**32225**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2861820**

Applied For

Not Applicable

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

**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.

**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 Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SILVA, ENRIQUE M., M.D.</b>	
STREET ADDRESS	<b>851 CHICOPIT LANE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>	
TITLE	<b>MD</b>	<input type="checkbox"/> Delete
NAME	<b>BENITEZ, NORBERTO, M.D.</b>	
STREET ADDRESS	<b>309 PLANTATION CIRCLE</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ROMEY, ALFREDO MD</b>	
STREET ADDRESS	<b>3940 HILL TERRACE DR</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32211</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>JRQUINTANA, MD</b>	
STREET ADDRESS	<b>2297 OCEAN SIDE CT.</b>	
CITY-ST-ZIP	<b>ATLANTIC BEACH, FL 32233</b>	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

Date

**9046426100**

Daytime Phone #

CR2E034 (9/99)