

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K10796

1. Entity Name

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

Principal Place of Business

8774 PERIMETER PARK BLVD  
JACKSONVILLE FL 32216  
US

Mailing Address

851 CHICOPIT LN  
JACKSONVILLE FL 32225  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 PD  
NAME SILVA, ENRIQUE M., M.D. ☐ Delete  
STREET ADDRESS 851 CHICOPIT LANE  
CITY-ST-ZIP JACKSONVILLE FL 32225

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

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

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

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

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

TITLE TD  
NAME QUINTANA, J C MD ☐ Delete  
STREET ADDRESS 2297 OCEANSIDE 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ENRIQUE M. SILVA 3-2-01 904-221-0161

Date

Daytime Phone #

0019106

CR2E034 (10/00)

FILED  
Mar 16, 2001 8:00 am  
Secretary of State

03-16-2001 90053 045 \*\*\*150.00

952500



DO NOT WRITE IN THIS SPACE