

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90142 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L53183
Corporation Name
CHILDREN'S CENTER FOR GASTROENTEROLOGY & NUTRITION, P.A.

Principal Place of Business
1150 NORTH 35TH AVE
SUITE 545
HOLLYWOOD FL 33021
US

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Country
29 Zip
30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/23/1990

4. FEI Number
65-0180618

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DIAZ, ALBERT
7855 NW 12 ST.
#202
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

I, the undersigned, being a resident qualified person, do hereby certify that the information furnished in this report is true and accurate to the best of my knowledge and belief, and that I am a resident qualified person, and accept the obligations of, Section 607.0505, Florida Statutes.

SURE

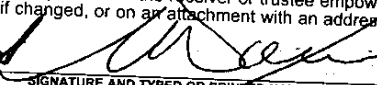
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PDTS TANO, MARIO 1150 N 35 AVE, SUITE 545 HOLLYWOOD FL	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
VP TANO, PATRICIA 1150 N 35 AVE, SUITE 545 HOLLYWOOD FL	☐ DELETE	1.2 NAME	☐ Change ☐ Addition
	☐ DELETE	1.3 STREET ADDRESS	☐ Change ☐ Addition
	☐ DELETE	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	2.2 NAME	☐ Change ☐ Addition
	☐ DELETE	2.3 STREET ADDRESS	☐ Change ☐ Addition
	☐ DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	3.2 NAME	☐ Change ☐ Addition
	☐ DELETE	3.3 STREET ADDRESS	☐ Change ☐ Addition
	☐ DELETE	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	4.2 NAME	☐ Change ☐ Addition
	☐ DELETE	4.3 STREET ADDRESS	☐ Change ☐ Addition
	☐ DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	5.2 NAME	☐ Change ☐ Addition
	☐ DELETE	5.3 STREET ADDRESS	☐ Change ☐ Addition
	☐ DELETE	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	☐ DELETE	6.2 NAME	☐ Change ☐ Addition
	☐ DELETE	6.3 STREET ADDRESS	☐ Change ☐ Addition
	☐ DELETE	6.4 CITY-ST-ZIP	☐ Change ☐ Addition

I 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 on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)