

2000 UNIFORM BUSINESS REPORT (UBR)

0520439

DOCUMENT # L91325

1. Entity Name
21ST CENTURY PEDIATRICS, P.A.

FILED
00 MAR 17 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5132 US HWY. 19 NORTH
NEW PT RICHEY FL 34652

Mailing Address
30 NORTH RING AVE.
SUITE 400
TARPON SPRINGS FL 34689 4304



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
23 E. Tarpon Avenue
Suite, Apt. #, etc.
City & State
Tarpon Springs, FL
Zip
34689
Country
US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KLIMIS, GEORGE N., P.A.
30 NORTH RING AVE., STE 400
TARPON SPRINGS FL 34689

4. FEI Number 59-3025740
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
23 E. Tarpon Avenue
City
Tarpon Springs FL Zip Code 34689

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 (NOTE: Registered Agent signature required when reinstating) DATE 1/17/2000

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S/T	HARVEY, JAY MICHAEL	<input type="checkbox"/>			
STREET ADDRESS	5132 US HWY. 19 NORTH				
CITY-ST-ZIP	NEW PT RICHEY FL 34652				
P	BAIN, RUSSELL TODD	<input type="checkbox"/>			
STREET ADDRESS	5132 US HWY. 19 NORTH				
CITY-ST-ZIP	NEW PT RICHEY FL 34652				
		<input type="checkbox"/>			
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-03/24/00-01081-016
****150.00 ****150.00

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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: Director
Date 1/28/00 (787) 841-1844
Daytime Phone #

CR2E034 (9/99)