

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90118 034 ****70.00

DOCUMENT # N34055

1. Entity Name

FLORIDA ASSOCIATION OF PEDIATRIC CRITICAL CARE M

Principal Place of Business

2110 W. M.L. KING BLVD
TAMPA FL 33607

Mailing Address

2110 W. M.L. KING BLVD
TAMPA FL 33607

739800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1600 S. ANDREWS AVE
BROWARD GENERAL MED CNTR
7TH FLOOR, PICU OFFICE

3. Mailing Address

1600 S. ANDREWS AVE
BROWARD GENERAL MED CNTR
7TH FLOOR, PICU OFFICE

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number

59-2967556

Applied For

Not Applicable

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, JAMES P.
315 HYDE PARK AVE
TAMPA FL

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME NORTHROP, REX
STREET ADDRESS 5151 N. 9TH AVE
CITY-ST-ZIP PENSACOLA FL ☐ Delete

TITLE DP
NAME SWANSON, MARK
STREET ADDRESS 1414 S. KUHLE AVE
CITY-ST-ZIP ORLANDO FL ☒ Delete

TITLE DP
NAME WEIBLEY, RICHARD (ELECT)
STREET ADDRESS 1 DAVIS BLVD. STE. 404
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE DST
NAME PLASENCIA, DANIEL J
STREET ADDRESS 2110 W M L KING BLVD
CITY-ST-ZIP TAMPA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME SUSSMAN, JEFFREY
STREET ADDRESS 300 S.W. 62 AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33155 ☐ Change ☒ Addition

TITLE D
NAME DENIBLA, LUCIAN
STREET ADDRESS 820 PRUDENTIAL DRIVE #205 (HOWARD BLVD)
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32207 ☐ Change ☒ Addition

TITLE DS
NAME GAYLE, MICHAEL
STREET ADDRESS 820 PRUDENTIAL DRIVE #203 (HOWARD BLVD)
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32207 ☐ Change ☒ Addition

TITLE DST
NAME DELTORO, JORGE
STREET ADDRESS 1600 S. ANDREWS AVENUE 7TH FLOOR (PICU)
CITY-ST-ZIP FORTLAUDERDALE, FLORIDA 33316 ☐ Change ☒ Addition

TITLE D
NAME NORTHROP, REX
STREET ADDRESS 5153 NORTH 9TH AVENUE
CITY-ST-ZIP PENSACOLA, FLORIDA 32504 ☒ Change ☐ Addition

TITLE P
NAME PLASENCIA, DANIEL
STREET ADDRESS 3001 W. DR. MARTIN LUTHER KING, JR. BLVD
CITY-ST-ZIP TAMPA, FLORIDA 33607 ☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jorge Del Toro, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0022681