

DOCUMENT # N94000003902

1. Entity Name  
**BRADENTON PEDIATRIC ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1414 59TH STREET WEST      1414 59TH STREET WEST**  
**BRADENTON FL 34209      BRADENTON FL 34209**

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**  
01-11-2001 90008 019 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0627122**      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  
**WALTERS, CLIFFORD L**  
**802 11TH STREET WEST**  
**BRADENTON FL 34209**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
|----------------------------|--|--|---|---|--|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>KENNEDY, J.R. M.D.</b>                |  | NAME  |   |  |
| STREET ADDRESS             | <b>1414 59TH STREET WEST</b>             |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>BRADENTON FL 34209</b>                |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>MENDEZ, CARLOS A</b>                  |  | NAME  |   |  |
| STREET ADDRESS             | <b>802 40TH STREET WEST</b>              |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>BRADENTON FL 34205</b>                |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | <b>ALVAREZ, JOHNNY MD</b>                |  | NAME  |   |  |
| STREET ADDRESS             | <b>3908 9TH AVE. WEST</b>                |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | <b>BRADENTON FL 34205</b>                |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | CITY-ST-ZIP   |   |  |
| TITLE                      | <input type="checkbox"/> Delete          |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |  |  | NAME  |   |  |
| STREET ADDRESS             |  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                |  |  | CITY-ST-ZIP   |   |  |

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: **SIGNATURE REQUIRED**      Date **1/4/01**      Daytime Phone # **(941) 792-4544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)