

**NON PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthart**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
1997 JUN 23 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N97000005891**  
1. Corporation Name  
**PEDIATRIC SUBSPECIALTY GROUP, INC.**



Principal Place of Business  
**5325 GREENWOOD AVE. STE 202  
WEST PALM BEACH FL 33407**

Mailing Address  
**5325 GREENWOOD AVE. STE 202  
WEST PALM BEACH FL 33407-2452**

3. Date Incorporated or Qualified  
**11/13/1996**

3a. Date of Last Report  
**11/13/1996**

4. FEI Number  
**X** Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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

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

**9. Name and Address of Current Registered Agent**

**\*SPEKTOR, ZORIK MD  
5325 GREENWOOD AVE. STE 202  
WEST PALM BEACH FL 33407**

**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  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	President	<input type="checkbox"/> DELETE
NAME	Zorik Spektor	
STREET ADDRESS	5325 Greenwood Ave	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Lee Friedman	
STREET ADDRESS	1596 10th Ave, N	
CITY-ST-ZIP	Lake Worth, FL	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Harry Baynon	
STREET ADDRESS	5325 Greenwood Ave	
CITY-ST-ZIP	West Palm Beach, FL 33407	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Charles Flack	
STREET ADDRESS	5325 Greenwood Ave	
CITY-ST-ZIP	W. Palm B. FL 33407	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Alberto Marante	
STREET ADDRESS	Palms West Hospital	
CITY-ST-ZIP	West Palm Beach FL	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Brett Bayham	
STREET ADDRESS	1411 N. Redden	
CITY-ST-ZIP	W. Palm Beach FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**300002223283-6**  
**-06/25/97--01120--019**  
**\*\*\*\*165.00 \*\*\*\*165.00**

**4/20/97**

14. I do 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 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 and the recipient of the report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CR2E034 (9/96)