

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000320

1. Entity Name

GLADES ROAD PEDIATRICS, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90070 038 \*\*\*\*61.25

Principal Place of Business	Mailing Address
9291 GLADES ROAD BOCA RATON FL 33434	9291 GLADES ROAD BOCA RATON FL 33434-3905

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



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0887950		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	
SPRINKLE, PHILIP M II, ESQ AKERMAN, SENTERFITT & EIDSON, P.A. 777 S FLAGLER DR., STE. 900, EAST TOWER WEST PALM BEACH FL 33401		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	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMPSON, MOSES M.D.	NAME	Jodi Alphin
STREET ADDRESS	9291 GLADES ROAD	STREET ADDRESS	800 Meadows Road
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	Boca Raton FL 33486
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIFSHITZ, FIMA M.D.	NAME	Susie McGibany
STREET ADDRESS	9291 GLADES ROAD	STREET ADDRESS	800 Meadows Road
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	Boca Raton FL 33486
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, BARBARA	NAME	
STREET ADDRESS	9291 GLADES ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASCIO, RICHARD C	NAME	
STREET ADDRESS	9291 GLADES ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARONSON-RAMOS, JUDITH D M.D.	NAME	
STREET ADDRESS	9291 GLADES ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTHERN, REBECCA R.N.	NAME	
STREET ADDRESS	9291 GLADES ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	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.

CR2E037 (9/99)