

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000320**

1. Entity Name

GLADES ROAD PEDIATRICS, INC.

Principal Place of Business

**2991 GLADES ROAD
BOCA RATON FL 33434**

Mailing Address

**9291 GLADES ROAD
BOCA RATON FL 33434**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current 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**

7. Name and Address of New Registered Agent

Name - **Sprinkle, Philip M II, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
Boca Raton Community Hospital
800 Meadows Road
City **Boca Raton** **FL** Zip Code **33486**

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 \$61.259. 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	<input type="checkbox"/> Delete
NAME	ALPHIN, JODI	
STREET ADDRESS	800 MEADOWS RD	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUTHERN, REBECCA R.N.	
STREET ADDRESS	9291 GLADES ROAD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOORE, MATT	
STREET ADDRESS	11520 NW 56TH DR APT 115	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Matt	
STREET ADDRESS	800 Meadows Road	
CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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**FILED**
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90037 001 ***122.50



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0887950**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E037 (9/01)