

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0039653

DOCUMENT # N99000000320

1. Entity Name

GLADES ROAD PEDIATRICS, INC.



FILED

03 APR 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9291 GLADES ROAD
BOCA RATON FL 33434

Mailing Address

9291 GLADES ROAD
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0887950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SPRINKLE, PHILIP M II, ESQ
BOCA RATON COMMUNITY HOSPITAL
800 MEADOWS RD
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

PAUL E. RISNER, ESQ.

Street Address (if not 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul E. Risner

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

(NOTE: Registered Agent signature required when reinstating)

4/10/03

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME ALPHIN, JODI
STREET ADDRESS 800 MEADOWS RD
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME SOUTHERN, REBECCA R.N.
STREET ADDRESS 9291 GLADES ROAD
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ Delete
NAME MOORE, MATT
STREET ADDRESS 800 MEADOWS RD
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800018460728
CITY-ST-ZIP 05/07/03--01090--003 **690.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Paul E. Risner

4/15/03

CR2E037 (10/02)