2/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90029 006 ***150.00

- 04012

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000000507

1. Entity Name
ULTIMATE PEDIATRICS CARE CORPORATION

Principal Place of Business	Mailing Address
~~183-95 NORTHWEST 61 AVENUE~~ ~~MIAMI FL 33015~~	183-95 NORTHWEST 61 AVENUE MIAMI FL 33015

2. Principal Place of Business	3. Mailing Address
16606 NE 4th AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NO MIAMI BEACH FL	City & State
Zip: 33162-3514 / Country	Zip / Country

4. FEI Number 65-0970662 — 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
~~SPIEGEL & UTRERA, P.A.~~ ~~248 ALMERIA AVENUE~~ ~~CORAL GABLES FL 33134~~	Name: PIERRE ALIX
	Street Address (P.O. Box Number is Not Acceptable): 18395 nw 61st AVE
	City: HIALEAH FL Zip Code: 33015

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: PIERRE RONALD ALIX MD PRESIDENT 1-23-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALIX, PIERRE R MD	NAME	
STREET ADDRESS	183-95 NORTHWEST 61 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE	CEOS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OKUNBO, TINYAN MD	NAME	
STREET ADDRESS	183-95 NORTHWEST 61 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE R. ALIX 1-23-2001 305 949 0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)