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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State
02-06-2001 90029 006 ***150.00

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

04012

DO NOT WRITE IN THIS SPACE

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.~~ ~~240 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 [signature] MD PIERRE RONALD ALIX 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ALIX, PIERRE R MD 183-95 NORTHWEST 61 AVENUE MIAMI FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOS OKUNBO, TINYAN MD 183-95 NORTHWEST 61 AVENUE MIAMI FL 33015 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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