

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000011369**1. Entity Name  
PEDIATRICPRODUCTS.COM, INC.**Principal Place of Business**C/O MICHAEL ERIC WEISS, M.D.  
2451 BRICKELL AVENUE, #20-B  
MIAMI  
33129

FL

**Mailing Address**C/O MICHAEL ERIC WEISS, M.D.  
2451 BRICKELL AVENUE, #20-B  
MIAMI  
33129

FL

**2. Principal Place of Business**

C/O MICHAEL ERIC WEISS, M.D.

**3. Mailing Address**

C/O MICHAEL ERIC WEISS, M.D.

**Suite, Apt. #, etc.**

3801 NE 207TH ST #403

**Suite, Apt. #, etc.**

3801 NE 207TH ST #403

**City & State**

MIAMI

FL

**City & State**

MIAMI

FL

**Zip**

33180

**Country**

US

**Zip**

33180

**Country**

US

**4. FEI Number**

Applied For

☒ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WEISS MICHAEL ERIC M.D.  
2451 BRICKELL AVENUE, #20-B

MIAMI

33129

FL

US

**7. Name and Address of New Registered Agent****Name**

WEISS MICHAEL ERIC M.D.

**Street Address (P.O. Box Number is Not Acceptable)**

3801 NE 207TH ST #403

**City**

MIAMI

FL

**Zip Code**

33180

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)

**05/01/2001**

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**

TITLE	D	
NAME	WEISS MICHAEL E.M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	2451 BRICKELL AVENUE, #20-B	
CITY-ST-ZIP	MIAMI FL 33129	

TITLE	D	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	
NAME	WEISS MICHAEL E.M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3801 NE 207TH ST #403	
CITY-ST-ZIP	MIAMI FL 33180	

TITLE	D	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:** Michael Eric Weiss, M.D.

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)