FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90440 024 ***150.00

DOCUMENT # P00000033253

1. Entity Name

MIAMI PEDIATRICS, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2845 AVENTURA BLVD
Suite, Apt. #, etc.
135
City & State
AVENTURA, FL
Zip 33180 Country USA

3. Mailing Address
2845 AVENTURA BLVD
Suite, Apt. #, etc.
135
City & State
AVENTURA, FL
Zip 33180 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0995219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORP DIRECT AGENTS
Street Address (P.O. Box Number is Not Acceptable): 103 N. MERIDIAN ST.
LOWER LEVEL
City: Tallahassee FL Zip Code: 32301

6. 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 _____ DATE
Signature of officer or director required if registered agent is changed. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 DIRECTOR NAME MIMI ADELLA-BLANCO MD STREET ADDRESS 2845 AVENTURA BLVD CITY-ST-ZIP AVENTURA, FL. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME SUSAN A. LEITNER MD STREET ADDRESS 2845 AVENTURA BLVD CITY-ST-ZIP AVENTURA, FL. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME ROBERT PERELLO MD STREET ADDRESS 2845 AVENTURA BLVD CITY-ST-ZIP AVENTURA, FL. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME AMADA ROMANO-SILVA MD STREET ADDRESS 2845 AVENTURA BLVD CITY-ST-ZIP AVENTURA FL. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME RASCIEL SOCARRAS MD STREET ADDRESS 2845 AVENTURA BLVD CITY-ST-ZIP AVENTURA, FL. 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] 4.10.02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
305-6829877