

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90193 040 \*\*\*150.00

**DOCUMENT # P00000033253**

1. Entity Name  
**MIAMI PEDIATRICS, P.A.**



Principal Place of Business  
**2845 AVENTURA BLVD., STE. 135  
AVENTURA FL 33180**

Mailing Address  
**2845 AVENTURA BLVD., STE. 135  
AVENTURA FL 33180**

**90028961**



☐ CHECK HERE IF MAKING CHANGES

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 **65-0995219**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS  
103 N. MERIDIAN ST.  
LOWER LEVEL  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                      |                                 |
|----------------|--------------------------------------|---------------------------------|
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>ABELLA-BLANCO, MIMI MD</b>        |                                 |
| STREET ADDRESS | <b>2845 AVENTURA BLVD., STE. 135</b> |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>             |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>LEITNER, SUSAN A MD</b>           |                                 |
| STREET ADDRESS | <b>2845 AVENTURA BLVD., STE. 135</b> |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>             |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>PERELLO, ROBERT MD</b>            |                                 |
| STREET ADDRESS | <b>2845 AVENTURA BLVD., STE. 135</b> |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>             |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>ROMANO-SILVA, AMADA F MD</b>      |                                 |
| STREET ADDRESS | <b>2845 AVENTURA BLVD., STE. 135</b> |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>             |                                 |
| TITLE          | <b>D</b>                             | <input type="checkbox"/> Delete |
| NAME           | <b>SOCARRAS, RASCIEL MD</b>          |                                 |
| STREET ADDRESS | <b>2845 AVENTURA BLVD., STE. 135</b> |                                 |
| CITY-ST-ZIP    | <b>AVENTURA FL 33180</b>             |                                 |
| TITLE          |                                      | <input type="checkbox"/> Delete |
| NAME           |                                      |                                 |
| STREET ADDRESS |                                      |                                 |
| CITY-ST-ZIP    |                                      |                                 |

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

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03** **705**  
**682.9877**  
Date Daytime Phone #

CR2E034 (10/02)