

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000046609

FILED  
Feb 28, 2002 8:00 AM  
Secretary of State

**Entity Name:** COMPREHENSIVE PEDIATRIC SERVICES II, INC

**Current Principal Place of Business:**

11233 W. ATLANTIC BLVD., #308  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

2700 W ATLANTIC BLVD  
102A  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

11233 W. ATLANTIC BLVD., #308  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

4252 NW 55TH PLACE  
COCONUT CREEK, FL 33073

**FEI Number:** 65-1012918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAYTON, SHERRI  
11233 W. ATLANTIC BLVD., #308  
CORAL SPRINGS, FL 33071

**Name and Address of New Registered Agent:**

DRAYTON, SHERRI  
4252 NW 55TH PLACE  
COCONUT CREEK, FL 33073

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: \_\_\_\_\_

02/28/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DRAYTON, SHERRI  
Address: 11233 W. ATLANTIC BLVD., #308  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DRAYTON, SHERRI  
Address: 4252 NW 55TH PLACE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI DRAYTON

PD

02/28/2002

Electronic Signature of Signing Officer or Director

Date