

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90431 049 \*\*\*158.75

**DOCUMENT # P00000063278**

1. Entity Name  
**PANAMERICAN PEDIATRICS, INC.**

Principal Place of Business <b>WATERWAY PLAZA                  7900 TATUM WATERWAY DR. NO. 514                  MIAMI BEACH FL 33141</b>	Mailing Address <b>WATERWAY PLAZA                  7900 TATUM WATERWAY DR. NO. 514                  MIAMI BEACH FL 33141</b>
---	---

**00055852**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1177 71st STREET</b>	3. Mailing Address <b>1177 71st STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI BEACH FL</b>	City & State <b>MIAMI BEACH FL</b>	4. FEI Number <b>65-1021041</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33141</b>	Country <b>USA</b>	Zip <b>33141</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  
**LORENTZ, WLADIMIR P  
 WATERWAY PLAZA  
 7900 TATUM WATERWAY DR. NO. 514  
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) <b>1177 71st STREET</b>
City <b>MIAMI BEACH</b> FL Zip Code <b>33141</b>

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: **VLADIMIR P. LORENTZ** DATE: **11/8/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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)

**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	<b>D</b> <input type="checkbox"/> Delete <b>LORENTZ, WLADIMIR P</b> <b>WATERWAY PLAZA 7900 WATERWAY DR. NO 514</b> <b>MIAMI BEACH FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1177 71st STREET</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **VLADIMIR P. LORENTZ** DATE: **11/8/01** DAYTIME PHONE: **(305) 867-5805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)