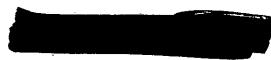
## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

1. Entity Name

P00000089295

## **FILED** May 29, 2002 8:00 am Secretary of State 05-29-2002 93594 027 \*\*\*150.00



CORAL	WAY PEDIATRICS, INC.							
Principal Place of Business 600 SW 24TH ROAD MIAMI FL 33129		Malling Address 600 SW 24TH ROAD MIAMI FL 33129			073474			
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.				Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	П	\$8.75 A Fee Requi	Not Applicable
	6. Name and Address of Current	Registered Agent	المراجعة المراجعة	7.	Name and Address of New!	Registered A	gent-	180
PADAMO	<del></del>		Nar Nar	T. <del>e</del> _				
BARANDIARAN, NORA 600 SW,24TH ROAD				et Address (P.O. I	3ox Number is Not Acceptable	e)		
MIAMI FL					· · · · · · · · · · · · · · · · · · ·			
				,		FL	Zip Co	de
SIGNATURE	e named entity submits this statement for Signature, typid or printed name of registered igent a	10,0	a Bu	ce or registered ag	Λ .	orida. 3 (3)	0 02	
9. This corporation is eligible to satisfy its Intengible Tax filling requirement and elects to do so. (See criteria on back)  OFFICERS AND DIRECTORS  FILE NOW!  After May 1, 20t  Make Check Payab			le to Departn	e \$550.00 nent of State	10. Election Campaign Fir Trust Fund Contributio	n.	Adde	00 May Be ed to Fees
ПТЕ	PD OFFICERS AND L	Detete	12.	AD AD	DITIONS/CHANGES TO OFF			
NAME STREET ADDRESS CITY-ST-ZIP	BRAVO, BELKYS 600 SW 24TH ROAD MIAMI FL 33129	ک کاربوی	NAME STREET ADORE CITY-ST-ZIP	ess l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARANDIARAN, NORA 600 SW 24TH ROAD MIAMI FL 33129	□ Deleta	TITLE NAME STREET ADDRES CITY-ST-ZIP			(	☐ Change	Addition
TITLE NAME		☐ Delete	TITLE			<del></del>	Change	Addition
STREET ADORESS CITY-ST-ZIP	·		STREET ADDRES	SS	<del></del>	_ <del>,~</del>		
title Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss			Change	Addition
TITLE VAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRES	s		E	Change	☐ Addition
CITY-ST-ZIP	·	<u>.</u>	CITY-ST-ZIP					Į
TITLE VAME		. Delete	TITLE NAME	7	• •	· · · Ē	Change	☐ Addition
TITY-ST-ZIP	17 77 1		STREET ADDRESS CITY-ST-ZIP	s		÷	6 me	
<ol> <li>I hereby coindicated of the corp</li> </ol>	ertify that the Information supplied with the on this report or supplemental report is trooration or the receiver or trystee empower.	is filing does not qualify for the and accurate and that my pred to execute this report as	he exemption s signature shall required by C	tated in Section 11 I have the same le	9.07(3)(i), Florida Statutes. I f gal effect as if made under or	urther certify th; that I am	that the in	formation or director

SIGNATURE:

Breandraken

3/30/02

305 250-9910