FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am P00000099202 **DOCUMENT # Secretary of State** 1. Entity Name 02-26-2002 90080 048 ***150.00 MILLENNIUM PEDIATRICS INC. Principal Place of Business Mailing Address 15884 SW 84TH ST. 15884 SW 84TH ST. 0 4 0 V 0 4 MIAMI FL 33193 MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1048426 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required = 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GURIAN, JORGE L PA Street Address (P.O. Box Number 2060) 75 VALENCIA AVE., 4TH FL **CORAL GABLES FL 33134** Miani MIGMI 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. 02/06/02 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition ☐ Delete TITLE FERNANDEZ, ANN MARY NAME NAME 15884 SW 84TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition SOTO, JOSE NAME NAME 15884 SW 84TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33193 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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

SIGNATURE:

SIGNATURE AND TYPED OR PONTED NAME OF SIGNING OFFICER OR DIRECTO

0406/02

Daytime Phone #