

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90818 001 ***300.00

DOCUMENT # P00000112274

1. Entity Name
ROYAL PALM PEDIATRICS, INC.



Principal Place of Business
7000 SW 97TH AVE. STE 101
MIAMI FL 33173

Mailing Address
7000 SW 97TH AVE. STE 101
MIAMI FL 33173

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip **Country** **Zip** **Country**

4. FEI Number 65-1061446

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARTINEZ-NODA, PETER
7000 SW 97TH AVE. STE. 101
MIAMI FL 33173

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 5, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
MARTINEZ-NODA, PETER 7000 SW 97TH AVE. STE 101 MIAMI FL 33173	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 without address, with an other like empowered.

SIGNATURE: **3/28/03 (305) 273 4454**

Attachment

Peter Martinez-Noda D.O., P.A.
7000 SW 97th Avenue Suite 101
Miami, Florida 33173
Ph. (305) 273-4454 Fax (305) 273-4453

April 30, 2003

Divisions of Corporation
Uniform Business Report Filings
PO BOX 1500
Tallahassee, FL. 32302-1500

Re: Document No. P93000049597 and P00000112274

Please be informed that originally these forms were completed and mailed with payment on March 29, 2003. My office after reconciling my accounts these 2 payments had not yet cleared our account. Therefore a call was placed to your offices to get the status. We spoke to Drew and she advised that should have been posted by now and advised that they were behind approximately 2 weeks. She further advices to call (850) 245.6059 in which we did and spoke to Tyrone Scott. After checking his system he could not confirm that these documents were received. He advised to send in a letter explaining and send new payment each for the original \$150.00.

So I have enclosed that payment and also the copies of the forms I originally sent in March. I asked that the doctor not be penalized with the late fee of filing after May 1, 2003.

If you have further information or need other documentation please contact my office during regular office hours.

Thank you

Cristina
Ms. Cristina Izquierdo
Office Manager