

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90788 007 ***158.75

0636509 AT

DOCUMENT # P00000114975

1. Entity Name

PINECREST PEDIATRICS, P.A.



Principal Place of Business

**18590 NW 67 AVE
SUITE 101
MIAMI FL 33015**

Mailing Address

**PO BOX 590773
MIAMI FL 33159**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1065366

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FUENTES, LORRAINE MD
18590 NW 67 AVENUE
SUITE 101
MIAMI FL 33015**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
FUENTES, LORRAINE MD
18590 NW 67 AVENUE, SUITE 101
MIAMI FL 33015**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 (305) 819-8633

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

000000114975

April 25 '03

Re: Uniform Business Report 2002

To whom it may concern:

I Am writing this letter to inform you that
I never received my uniform status certificate for
last year 2002. I paid for it by paying the
extra fee. Please forward last year certificate
with this year.

Sincerely yours



Lorraine Fuentes
Pinecrest Pediatrics

P.S. Please forward both 2002 - 2003 certificate