

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000117997

FILED
Apr 22, 2002 8:00 AM
Secretary of State

Entity Name: BABIES AND BEYOND PEDIATRICS, P.A.

Current Principal Place of Business:

5132 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34642

New Principal Place of Business:

Current Mailing Address:

5132 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34642

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISH, WILLIAM ESQ.
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

KALISH, WILLIAM ESQ.
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602 US

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: _____ 04/22/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAIN, RUSSELL T M.D.
Address: 5132 U.S. HIGHWAY 19 NORTH
City-St-Zip: NEW PORT RICHEY, FL 34642

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL T. BAIN, M.D. D 04/22/2002
Electronic Signature of Signing Officer or Director Date