

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90105 028 ***150.00

DOCUMENT # P00000117997

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



Principal Place of Business
5132 U.S. HIGHWAY 19 NORTH
NEW PORT RICHEY FL 34642

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



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~RUSSELL T BAIN ESQ.~~
~~100 S ASHLEY DRIVE~~
~~SUITE 1000~~
~~TAMPA FL 33608~~

7. Name and Address of New Registered Agent

Name **Klimis, George N**

Street Address (P.O. Box Number is Not Acceptable)
27 E. Orange Street

City **Tarpon Springs FL** Zip Code **34689**

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 _____ DATE **4/1/03**

Signature, typed or printed name of registered agent and title if applicable. (NOT a registered agent signature required when reinstating)

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

TITLE	BAIN, RUSSELL T M.D.	<input type="checkbox"/> Delete
NAME	BAIN, RUSSELL T M.D.	
STREET ADDRESS	5132 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	NEW PORT RICHEY FL 34642	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/03 **727-943-9551**

CR2E034 (10/02)