

2003
~~2002~~ **UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90010 032 ***150.00

0266350 AV

DOCUMENT # P01000034327

1. Entity Name

HOLLYWOOD PEDIATRICS, P.A.

Principal Place of Business

**C/O JOSHUA S. GALITZER
17101 N.E. 6TH AVENUE
NORTH MIAMI BEACH FL 33162**

Mailing Address

**C/O JOSHUA S. GALITZER
17101 N.E. 6TH AVENUE
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

4430 Sheridan St

Suite, Apt. #, etc.

B

3. Mailing Address

4430 Sheridan St

Suite, Apt. #, etc.

B

City & State

Hollywood FL

Zip

33021

Country

USA

City & State

Hollywood FL

Zip

33021

Country

USA

4. FEI Number

651100635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**GALITZER, JOSHUA S
17101 N.E. 6TH AVENUE
NORTH MIAMI BEACH FL 33162**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULMAN, JASON	
STREET ADDRESS	4104 NORTH 48TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPERLING, RANDI	
STREET ADDRESS	4104 NORTH 48TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director, Co-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, JASON	
STREET ADDRESS	4430 SHERIDAN ST, STE B	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	Director, Co-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernstein, Marcy	
STREET ADDRESS	4430 SHERIDAN ST, STE B	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		

13. 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 11 or Block 12 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

Date

Daytime Phone #

1/31/02 (954) 963-5437

CR2E034 (9/01)