# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 03, 2003**
**Secretary of State**

DOCUMENT# P01000041303

**Entity Name:** KIDSVILLE PEDIATRICS II, P.A.

**Current Principal Place of Business:**

P.O. BOX 452223
KISSIMMEE, FL 34745

**New Principal Place of Business:**

907 A NORTH CENTRAL AVE.
KISSIMMEE, FL 34741

**Current Mailing Address:**

P.O. BOX 452223
KISSIMMEE, FL 34745

**New Mailing Address:**

**FEI Number: 59-3717691** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GONZALEZ, FRANCELIS DR
P.O. BOX 452223
KISSIMMEE, FL 34745

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: GONZALEZ, FRANCES DR
Address: P.O. BOX 452223
City-St-Zip: KISSIMMEE, FL 34745

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition
Name: GONZALEZ, FRANCELIS DR
Address: P.O. BOX 452223
City-St-Zip: KISSIMMEE, FL 34745

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: VICTOR M. PANTOJA JR. MR. 01/03/2003

Electronic Signature of Signing Officer or Director — Date