

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90193 036 ***150.00

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DOCUMENT # **P02000009145**

1. Entity Name

**PEDIATRIC AND FAMILY URGENT CARE CENTERS of South
Florida INC.**

2. Principal Place of Business

705 E. 26 ST

3. Mailing Address

705 E 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

80-0030421

Applied For

Not Applicable

Zip

33013

Country

MIAMI-DADE

Zip

33013

Country

MIAMI-DADE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

EDGARDO B. PENABAD JR.

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

705 E. 26 ST.

City

HIALEAH

FL

Zip Code

33013-3304

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PTE. EDGARDO B. PENABAD JR. 1015 Country Club Prado CONAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PTE. TERESITA FOX 1015 Country Club Prado CONAL GABLES FL 33134
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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 on an attachment with an address, with all other (ies) empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/15/03 **4/15/03**