FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90629 035 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000075517

1. Entity Name
ST. LUCIE PEDIATRICS, INC.

90091816

Principal Place of Business	Mailing Address
2011 S 25 STREET STE 105 FT PIERCE, FL 34947	2011 S 25 STREET STE 105 FT PIERCE, FL 34947

2. Principal Place of Business	3. Mailing Address
2011 S. 25TH STREET	
Suite, Apt. #, etc.: SUITE #105	Suite, Apt. #, etc.:
City & State: FORT PIERCE, FL	City & State:
Zip: 34947 Country: U.S	Zip: Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 82-0544-173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ-TORRES, RAUL 2011 S 25 STREET STE 105 FT PIERCE, FL 34947	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 04/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE ANNUAL REPORT FEE IS $150.00 ... 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RAUL RODRIGUEZ-TORRES, MD. 2011 S. 25TH STREET FORT PIERCE, FL 34947 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT RAUL RODRIGUEZ-TORRES, MD. 2011 S. 25TH STREET FORT PIERCE, FL 34947 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY 2011 S. 25TH STREET FORT PIERCE, FL 34947 RAUL RODRIGUEZ-TORRES, MD ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: X [signature] 04/14/03 772-460-8235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)