

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000086566

FILED
May 01, 2003
Secretary of State

Entity Name: MONTER PEDIATRICS, INC.

Current Principal Place of Business:

7620 GUNN HIGHWAY
SUITE 190
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

7620 GUNN HIGHWAY
SUITE 190
TAMPA, FL 33625

New Mailing Address:

FEI Number: 11-3649440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORCELLI, JOSEPH A
36235 US HIGHWAY 19 NORTH
PALM HARBOR, FL 34684 US

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: PSD () Delete
Name: BOTSCH, MONICA T
Address: 7620 GUNN HIGHWAY, SUITE 190
City-St-Zip: TAMPA, FL 33625

Title: VTD () Delete
Name: VALDES, TERESA M
Address: 7620 GUNN HIGHWAY, SUITE 190
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: VALDES, TERESA M
Address: 7620 GUNN HIGHWAY, SUITE 190
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERESA M VALDES

PSD

05/01/2003

Electronic Signature of Signing Officer or Director

Date