2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0044916 AV

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 AM 8:00

DOCUMENT # P02000091310

1. Entity Name
PEDIATRIC HOSPITALISTS OF SO. FLORIDA, P.A.

Principal Place of Business	Mailing Address
1100 N VENETIAN DR MIAMI FL 33139	1100 N VENETIAN DR MIAMI FL 33139

01/24/03 90108 021 **158.75

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Miami Children's Hosp	PO Box 140518
Suite, Apt. #, etc. 3100 SW 62nd Ave	Suite, Apt. #, etc.
City & State Miami FL	City & State Coral Gables FL
Zip 33155 Country USA	Zip 33114 Country USA

4. FEI Number 522372851 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REYES, MARIO A M.D. 1100 N VENETIAN DR MIAMI FL 33139	Name: Mario A. Reyes M.D. Street Address (P.O. Box Number is Not Acceptable): 1100 N. Venetian Drive City: Miami Gables FL Zip Code: 33139

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: Mario A. Reyes M.D 9/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

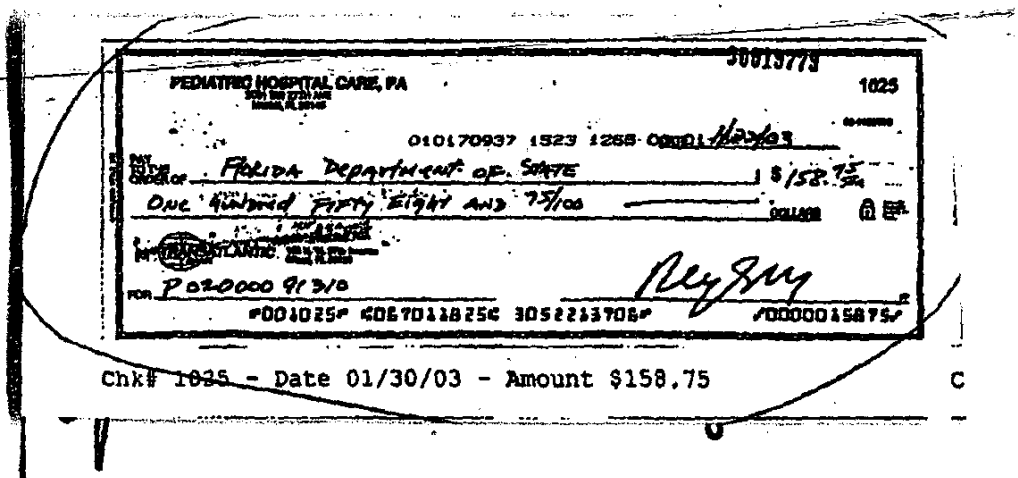
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] Manuel Soler PO Box 140518 Coral Gables FL 33114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shareholder/Vice President Manuel Soler 344 West 65 St., Suite 203 Hialeah, FL 33012	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shareholder/Sec, Treasurer	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Luis M. Perez-Burnel 7770 NW 161 Terrace Miami Lakes, FL 33016	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shareholder/Sec/Treasurer	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Shareholder/President MARIO A. Reyes 1100 N. Venetian Drive Miami, FL 33139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300022931703 09/10/03--01064--005 **400.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/03)

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: SIGNATURE REQUIRED 9/8/03 305-366 6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Original fee already paid janury/03



PEDIATRIC HOSPITAL CARE, PA

30015773

1025

010170937 1523 1258 0001 1/29/03

PAY TO THE ORDER OF Florida Department of State $ 158.75

One Hundred Fifty Eight AND 75/100 DOLLARS

FOR P020000 91310

#001025# #067011825C 305221370B# #000015875#

Chk# 1025 - Date 01/30/03 - Amount $158.75

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