

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-07-2003 90087 031 ***150.00

55009590



CHECK HERE IF MAKING CHANGES

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000117169

1. Entity Name
ALLIANCE PEDIATRICS, P.A.

Principal Place of Business
 4627 N.W. 53RD AVENUE
 GAINESVILLE FL 32606

Mailing Address
 4627 N.W. 53RD AVENUE
 GAINESVILLE FL 32606

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
11-3658974

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SARANTOS, KATHERYN M.D.
4627 N.W. 53RD AVENUE
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D MAS, OLGA M.D. 4627 N.W. 53RD AVENUE GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARANTOS, KATHERYN M.D. 4627 N.W. 53RD AVENUE GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CARLA M.D. 4627 N.W. 53RD AVENUE GAINESVILLE FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 a power of attorney, or with a resolution of the board of directors.

SIGNATURE: **KATHERYN SARANTOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5, 2003
Date Daytime Phone #

CR2E034 (10/02)