

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90032 042 ***150.00

DOCUMENT # P03000035946

1. Entity Name
CAVERO PEDIATRICS, P.A.



Principal Place of Business
**4304 HIGHLAND PARK BLVD.
LAKELAND, FL 33813**

Mailing Address
**4304 HIGHLAND PARK BLVD.
LAKELAND, FL 33813**

34061333



2. Principal Place of Business

3. Mailing Address

P O BOX 2592

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VALRICO, FL

Zip

Country

Zip

Country

33595-2592

USA

07062004

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0061256

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

**WENDEL, JOHN F
4304 HIGHLAND PARK BLVD.
LAKELAND, FL 33813**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**PRESIDENT
MARIA A. CAVERO - RANATH, MD
P O BOX 2592
VALRICO, FL 33595-2592**

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
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Caavero-Ranath**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

863-644-9378

Daytime Phone #

Attacher 1-

54061929
PD3000035946

July 6, 2004

Cavero Pediatrics, P.A.
4304 Highland Park Blvd.
Lakeland, FL 33813

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

SUBJECT: 2004 Annual Corporation Filing Fee

Sirs:

I received your Notice of Intent to Dissolve the corporation status of my business today. Your notice was the first communication I have received reference my requirement to pay an annual \$150 filing fee.

Per the suggestion of one of your staff members (to whom I spoke to telephonically this afternoon); I request a one time waiver of a mandated late fee charge. I base my request on the fact I never received your original annual fee payment request. My pediatric practice became a for profit corporation in March 2003 and this fee payment is my first renewal of my corporation status.

Thank you for your understanding and prompt updating of your records reference this matter.

Sincerely,



MARIA A. CAVERO-RANKIN, M.D.

Attachment

1. 2004 Corporation
Annual Report
2. Check #1547