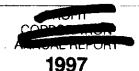
## **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.** AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200008443 (3)

DELSAR PEDIATRICS, P.A.

Principal Place of Business

11 MARLWOOD LANE PALM BEACH GARDENS FL 33418

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97 OCT -8 PM 4 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/30/1992 05/01/1996 2. Principal Place of Business 2e. Mailing Address 4. FEI Number Applied For 65-0373860 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution  $\Gamma$ Added to Fees Zιο Country  $Z_{10}$ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes □ No 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCHECHTMAN, TOMMY J 3365 BURNS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 PALM BEACH GARDENS FL 33410 83 84 City Zip Codo 85 11. Pursuant to the provisions of Socilons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered/lagont, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. (Note no change SIGNATURE printed name of logistered agent and tile if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97 DELETE TITLE 1.1 TITLE Addition SCHECHTMAN, TOMMY J NAME 1.2 NAME **CR2E034** 11 MARLWOOD LANE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33418 CHTY-ST-ZIP 1.4 CITY - ST - 7IP DELFIE TITLE 900002319089 2.1 TITLE ☐ Addition NAME 2.2 NAME -10/13/97--01110--001 STREET ADDRESS 23 STREET ADDRESS \*\*\*\*750.00 \*\*\*\*750.00 CITY-ST-ZIP 2 4 CITY - ST - 7/P DELETE TITLE Addition 3.1 TITLE ☐ Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-\$1-7IP [] DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-ZIP TITLE DELFTE Addition 5.1 HHE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELFTE TITLE 6.1 TILLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

6.4 CITY - ST - ZIP 14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed, or on an intrachment with an address.