

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054024

1. Entity Name

PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90355 023 ***150.00

Principal Place of Business

Mailing Address

1600 S FEDERAL HIGHWAY
SUITE 300
POMPANO BEACH FL 33062
US

ATTENTION: TAX DEPARTMENT
P O BOX 15309
DURHAM NC 27704-0309
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1836488

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME POKOLSKY, SHERMAN M MD
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705

TITLE DIRECTOR/VICE PRESIDENT ☐ Change ☒ Addition
NAME CAMPBELL, DONNA
STREET ADDRESS 1600 S FEDERAL HWY, STE 300
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VPD ☒ Delete
NAME BREDESON, CHRISTOPHER
STREET ADDRESS 1600 S FEDERAL HWY, SUITE 300
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE VICE PRESIDENT ☐ Change ☒ Addition
NAME SCOTT, STEVEN M. MD
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705

TITLE PD ☐ Delete
NAME MOFFITT, CATHERINE M MD
STREET ADDRESS 1600 S FEDERAL HWY, SUITE 300
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition
NAME DAVIS, TAMMY
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705

TITLE ST ☐ Delete
NAME GUIDINAS, PAT
STREET ADDRESS 1600 S FEDERAL HWY, SUITE 300
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Change ☒ Addition
NAME ST SPELLING/NAME
STREET ADDRESS GUIDINAS, PAT
CITY-ST-ZIP

TITLE T ☒ Delete
NAME RECTOR, BRUCE
STREET ADDRESS 2828 CROASDAILE DRIVE
CITY-ST-ZIP DURHAM NC 27705

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

TITLE VPAS ☒ Delete
NAME SMITH, PAULA
STREET ADDRESS 2828 CROASDAILE DR
CITY-ST-ZIP DURHAM NC 27705

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tammy Davis TAMMY DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00
Date

(919) 383-0355
Daytime Phone #

CR2E034 (9/99)