

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90262 042 \*\*\*150.00

**DOCUMENT # P93000054024**

1. Entity Name

**PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.**

Principal Place of Business

Mailing Address

1800 S FEDERAL HIGHWAY  
 SUITE 300  
 POMPANO BEACH FL 33062  
 US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **56-1836488**

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

**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 re-appointing)

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, 2001 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	<input type="checkbox"/> Delete
NAME	POKOLSKY, SHERMAN M MD	
STREET ADDRESS	2828 CROSSDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CAMPBELL, DONNA	
STREET ADDRESS	1600 S FEDERAL HWY STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOFFITT, CATHERINE M MD	
STREET ADDRESS	1600 S FEDERAL HWY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GUIDINAS, PAT	
STREET ADDRESS	1600 S FEDERAL HWY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN M MD	
STREET ADDRESS	2828 CROSSDALE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GUDINAS, PAT	
STREET ADDRESS	2828 CROSSDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

5/10/01

(919)383-0355

Date

Daytime Phone

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE