

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-24-2003 90251 026 ***150.00

DOCUMENT # P93000054024

1. Entity Name
PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.



Principal Place of Business
**1600 S FEDERAL HIGHWAY
SUITE 300
POMPANO BEACH FL 33062
US**

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

00090565



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**

☐ CHECK HERE IF MAKING CHANGES

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

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **TAMMY DAVIS**
STREET ADDRESS **2828 CROASDALE DRIVE**
CITY-ST-ZIP **DURHAM, NC 27705**

TITLE **DVP** ☐ Delete
NAME **CAMPBELL, DONNA**
STREET ADDRESS **1600 S FEDERAL HWY STE 300**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

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

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

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
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SCOTT, STEVEN M MD**
STREET ADDRESS **2828 CROASDALE DR**
CITY-ST-ZIP **DURHAM NC 27705**

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

TITLE **ST** ☐ Delete
NAME **GUDINAS, PAT**
STREET ADDRESS **2828 CROASDALE DRIVE**
CITY-ST-ZIP **DURHAM NC 27705**

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

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:

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

4/16/2003

Date

(919) 383-0355

Daytime Phone #

CR2E034 (10/02)