

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortnam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000056417 (7)

1. Corporation Name

HOMETOWN PEDIATRICS, P.A.



Principal Place of Business

130 SHIPS WAY  
BIG PINE KEY FL 33043

Mailing Address

130 SHIPS WAY  
BIG PINE KEY FL 33043

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

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9. Name and Address of Current Registered Agent

HERNANDEZ, MICHAEL P  
130 SHIPS WAY  
BIG PINE KEY FL 33043

3. Date Incorporated or Qualified

08/11/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0433085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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.

SIGNATURE

Signature typed or printed name of registered agent and date of signature

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

P  
HERNANDEZ, MICHAEL P.  
#5 THIRD AVENUE, EAST  
SUMMERLAND KEY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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18 STREET ADDRESS

19 CITY - ST - ZIP

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22 STREET ADDRESS

23 CITY - ST - ZIP

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