2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am

1. Entity Nan	MENT# P930000 DWN PEDIATRICS, P.A.	3041 <i>[</i> ,	3	Secretary 0 05-02-2001 90124 04	
Principal Place of Business 13 SHIPS WAY BIG PINE KEY FL 33043 US		Mailing Address 13 SHIPS WAY BIG PINE KEY FL 33043 US	· En		
			. }	1 10101011 10 10101 1010 1010 1010 101	1011 1010 1011 1010 1111 1111
2. Principal Place of Business		3. Mailing Address	<u> </u>		81116
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1	DO NOT WRITE IN TH	S SPACE
City & State		City & State	5	4. FEI Number 65-0433085	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
				<u> </u>	Fee Required
	6. Name and Address of Current R	egistered Agent	Nam ė	7. Name and Address of New Registere	d Agent
	NANDEZ,-MICHAEL P		<u> </u>	(P.O. Box Number is Not Acceptable)	
	PINE KEY FL 33043				
			City		Zip Code
• The shows	named entity submits this statement for	the purpose of changing its	recipiored office or register		
u. The above	mathed entity submits this statement for	ine purpose or changing its	Stered office of Togister	iso agent, or both, in the otate of honou.	
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	F. Registered Agent signature required	d 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! 1, FEE IS \$150.00 After MAY 1, 2001 Pag will be \$550.00 Make Check Payable to Department of Stat		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
11.	OFFICERS AND D	_ 	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, MICHAEL P. #5 THIRD AVENUE, EAST SUMMERLAND KEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	r.o.rug	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
13. I hereby indicated of the cor	l on this report or cupplemental report is t	rue and accurate and that r rered to execute this report	ny signature shall have the as required by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further of same legal effect as if made under oath; that 7, Florida Statutes; and that my name appear	Lam an officer or director

4/10/01 305289-1196