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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000062520 (0)

1. Corporation Name

AMERICAN PEDIATRIC SYSTEMS, INC.



Principal Place of Business

2850 DOUGLAS ROAD  
CORAL GABLES FL 33134

Mailing Address

2850 DOUGLAS ROAD  
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HARRIS, CHRISTINA D ESQ.  
C/O THE VINCAM GROUP, INC.  
2850 DOUGLAS ROAD  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

William F. Cueto

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

2850 Douglas Road

83

84 City

Coral Gables

FL

85 Zip Code  
33134

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

William F. Cueto, Associate Counsel

4/24/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME SALADRIGAS, CARLOS A  
STREET ADDRESS 2850 DOUGLAS RD.  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE T  
NAME SANCHEZ, JOSE M  
STREET ADDRESS 2850 DOUGLAS RD.  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE S  
NAME HARRIS, CHRISTINA D  
STREET ADDRESS 2850 DOUGLAS RD.  
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE Vice President  
2.2 NAME Jose M. Sanchez  
2.3 STREET ADDRESS 2850 Douglas Road  
2.4 CITY-ST-ZIP Coral Gables, FL 33134

☒ Change ☐ Addition

3.1 TITLE Treasurer & Secretary  
3.2 NAME Martin J. Perez  
3.3 STREET ADDRESS 2850 Douglas Road  
3.4 CITY-ST-ZIP Coral Gables, FL 33134

☒ Change ☒ Addition

4.1 TITLE Assistant Secretary  
4.2 NAME William F. Cueto  
4.3 STREET ADDRESS 2850 Douglas Road  
4.4 CITY-ST-ZIP Coral Gables, FL 33134

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

Date

(305) 460-2350

Daytime Phone #

CR2E034 (12/95)

4/24/96