


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33134-6801

3. Date Incorporated or Qualified
09/02/1993

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0504562

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

9. Name and Address of Current Registered Agent

CUETO, WILLIAM
2850 DOUGLAS RD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

Elizabeth J. Keeler, Secretary

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

Elizabeth J. Keeler, Secretary

1/15/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Chief Financial Officer
NAME	SALADRIGAS, CARLOS A	1.2 NAME	Stephen L. Waechter
STREET ADDRESS	2850 DOUGLAS RD.	1.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	VP	2.1 TITLE	
NAME	SANCHEZ, JOSE M	2.2 NAME	
STREET ADDRESS	2850 DOUGLAS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Secretary
NAME	HARRIS, CHRISTINA D	3.2 NAME	Elizabeth J. Keeler
STREET ADDRESS	2850 DOUGLAS RD.	3.3 STREET ADDRESS	2850 Douglas Road
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	TS	4.1 TITLE	
NAME	PEREZ, MARTIN J	4.2 NAME	
STREET ADDRESS	2850 DOUGLAS ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	CUETO, WILLIAM F	5.2 NAME	
STREET ADDRESS	2850 DOUGLAS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do 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 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:

Elizabeth J. Keeler

1/15/97

(305) 460-2364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone

CR2E034 (9/96)