

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90098 013 ***150.00

DOCUMENT # P93000062520

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1993

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 10200 SUNSET DR.

Suite, Apt. #, etc.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

23 Miami, FL

City & State

27

Zip

24 33173

Country

25 MIAMI-DADE

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MARSTON, ELIZABETH J.
2850 DOUGLAS RD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

10200 SUNSET DR.

83

84 City

MIAMI

FL

85 Zip Code

33173

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SALADRIGAS, CARLOS A

STREET ADDRESS 2850 DOUGLAS RD.

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME SANCHEZ, JOSE M

STREET ADDRESS 2850 DOUGLAS RD.

CITY-ST-ZIP CORAL GABLES FL

TITLE ☐ DELETE

NAME MARSTON, ELIZABETH J.

STREET ADDRESS 2850 DOUGLAS RD.

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME TS

NAME PEREZ, MARTIN J

STREET ADDRESS 2850 DOUGLAS ROAD

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME P

NAME CARLEN, JOHN T

STREET ADDRESS 2850 DOUGLAS ROAD

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME CFO

NAME RODRIGUEZ, CARLOS A

STREET ADDRESS 2850 DOUGLAS ROAD

CITY-ST-ZIP CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10200 SUNSET DR.

1.4 CITY-ST-ZIP MIAMI, FL 33173

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS SAME AS ABOVE

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS SAME AS ABOVE

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS SAME AS ABOVE

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS SAME AS ABOVE

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECRETARY

Date (305) 630-1000
Daytime Phone #

CR2E034 (11/98)

0249724