

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**DOCUMENT #** P94000011094 (7)  
1. Corporation Name  
**SACRED HEART PEDIATRIC CLINIC, P.A.**

Principal Place of Business Mailing Address

|  |  |   |  |   |   |
|--|--|---|--|---|---|
| 2. Principal Place of Business<br><b>18285 N.W. 68TH. AVE.</b> |  | 2a. Mailing Address<br><b>18285 N.W. 68TH. AVE.</b> |  | 3. Date Incorporated or Qualified<br><b>02/10/1994</b>  | 3a. Date of Last Report<br><b>7/31/1995</b> |
| 21. Suite, Apt. #, etc.  |  | 26. Suite, Apt. #, etc.                             |  | 4. FEI Number<br><b>65-0472261</b>  |   |
| 22. City & State<br><b>MIAMI FL</b>                            |  | 27. City & State<br><b>MIAMI FL</b>                 |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |
| 23. Zip<br><b>33015</b>  |  | 28. Zip<br><b>33015</b>                             |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| 24. Country  |  | 29. Country   |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent       |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| 81 Name   |  |  |  | 81 Name   |  |  |  |
| 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| 83  |  |  |  | 83  |  |  |  |
| 84 City   |  |  |  | 84 City   |  |  |  |
| 85 Zip Code   |  |  |  | 85 Zip Code   |  |  |  |

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature must be printed in full and typed in block letters. (If the filer is a registered professional, the filer's name shall be typed in block letters.)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PRESIDENT</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MORENO, YVELICE A.</b>                        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>18285 N.W. 68TH. AVE.</b>                     | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>MIAMI FL 33015</b>                            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  | <b>500001847815</b>   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    | <b>-06/03/96--01035--018</b>                                      |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       | <b>***200.00</b>  |
| TITLE                      | <input type="checkbox"/> DELETE                  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  | <i>Cl</i>   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | <b>6.2.96</b>   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

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:** *Melba H. Moreno* **4/30/96** (305) 821-2283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)