

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

CORPORATION.  
ANNUAL REPORT  
1995



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

FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062779

1. Corporation Name

SEACREST PEDIATRICS, INC.

400001481224  
-05/09/95--01108--002  
\*\*\*1200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
2800 Seacrest Boulevard 7280 W. Palmetto Park Road  
Suite 101 Suite 101  
Boynton Beach, FL 33435 Boca Raton, FL 33433

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Quantity

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Quantity

3. Date Incorporated or Qualified  
08/23/94

3a. Date of Last Report

4. FEI Number

65-0514245

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

7. This corporation has liability for intangible tax under S. 190.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David J. Menkhaus, Esquire  
Moore & Menkhaus, P.A.  
4800 N. Federal Highway  
Suite 210-A  
Boca Raton, FL 33431

81 Name

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

83

84 City

FL

85

Zip Code

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

*David J. Menkhaus*

David J. Menkhaus

4/28/95

Signature must be of individual registered agent or the corporation

Signature of Registered Agent is optional (must appear on filing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Pres/VP/Treas/Sec  
NAME Dean S. Katzin, M.D.  
STREET ADDRESS 7280 W. Palmetto Park Road, Suite 101  
CITY, ST, ZIP Boca Raton, FL 33433

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

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

☐ Change ☐ Addition

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 110.07(9)(b), 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:

*Dean S. Katzin*

Dean S. Katzin, President

4/28/95

(407) 368-5437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number