

APPROVED
AND
FILED

97 OCT -7 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOW: FILING FEE AFTER MAY 1 IS \$550.00

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSPROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P94000062783

1. Corporation Name

BROWARD PEDIATRICS, INC.

REINSTATEMENT

Principal Place of Business

Mailing Address

9970 CENTRAL PARK BLVD 9970 CENTRAL PARK BLVD
SUITE 404 SUITE 404

BOCA RATON FL. 33428 BOCA RATON, FL. 33428

2. Principal Place of Business

2a. Mailing Address

21 9970 CENTRAL PARK BLD 26 9970 CENTRAL PARK BLD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 404

27 SUITE 404

City & State

City & State

23 BOCA RATON FL.

28 BOCA RATON FL.

Zip

Country

Zip

Country

24 33428

25 USA

29 33428

30 USA

9. Name and Address of Current Registered Agent

DEAN KATZIN

9970 CENTRAL PARK BLVD.

BOCA RATON FL. 33428

10. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
DEAN KATZIN
9970 CENTRAL PARK BLVD-STE. 404
BOCA RATON FL 33428

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

30000231765
-10/10/97--01036--015
****\$15.00 ****\$15.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #