

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000029971

1. Entity Name
BOCA DEL MAR PEDIATRIC AND ADOLESCENT
CENTER, P.A.



Principal Place of Business
6909 SW 18TH ST., SUITE A202
BOCA RATON, FL 33433

Mailing Address
6909 SW 18TH ST., SUITE A202
BOCA RATON, FL 33433



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0574492

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KAWEBLUM, YOSEF AARON
6909 SW 18TH ST., SUITE A202
BOCA RATON, FL 33433

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAWEBLUM, YOSEF AARON
STREET ADDRESS	6909 SW 18TH ST., SUITE A202
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/31/05-80001-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

5/15/22
Date

5613478782
Daytime Phone #