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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000074471 (0)**

1. Corporation Name

PEDIATRIC HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
C/O MIAMI CHILDREN'S HSPTL-CRITICAL CARE 3200 S.W. 60TH COURT MIAMI FL 33155	C/O MIAMI CHILDREN'S HSPTL-CRITICAL CARE 3200 S.W. 60TH COURT MIAMI FL 33155

3. Date Incorporated or Qualified: 09/26/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 c/o Miami Children's Hospital - Critical Care	26
Suite, Apt. #, etc.: 22 3100 SW 62 Avenue	Suite, Apt. #, etc.: 27 3100 SW 62 Avenue
City & State: 23 Miami, FL	City & State: 28 Miami, FL
Zip: 24 33155 Country: 25 Dade	Zip: 29 33155 Country: 30 Dade

4. FEI Number: 65-0613060 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAPIDUS, STEVEN B
1221 BRICKELL AVE.
SUITE 2100
MIAMI FL 33151

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 filing.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUSSMANE, JEFFREY B M.D. 3200 S.W. 60TH CT. M.C.H.-CRITICAL CARE MIAMI FL 33155	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Sussmane, Jeffrey B, MD 3100 SW 62 Avenue Miami, FL 33155	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Treasurer Tirotta, Christopher F., MD 3100 SW 62 Avenue Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Vice President Beck, Morris, MD 7800 SW 87 Avenue, Bldg. B-240 Miami, FL 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V.P. & Corresp. Sec. Howard, Cleve, MD 3200 SW 60 Ct., Suite 103 Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Recording Secretary Reeves-GArcia, Jesse, MD 3200 SW 60 Ct., Suite 204 Miami, FL 33155	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	Hertzberg, Betti, MD 7700 Red Road S. Miami, FL 33143	☐ Change ☒ Addition

CR2E034 (12/95)

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 added in an attachment with an address.

SIGNATURE: Christopher F. Tirotta, MD — 2-15-96 — 305-663-8456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #