

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 # P95000080670 (9)

1. Corporation Name

PEDIATRICS MSO, INC.



Principal Place of Business

Mailing Address

% MIAMI CHILDREN'S HOSPITAL
3200 S.W. 60TH COURT
MIAMI FL 33155

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3200 S.W. 60TH COURT
MIAMI FL 33155

3. Date Incorporated or Qualified

10/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 c/o Miami Children's Hospital - Critical Care

4. FEI Number

65-0634800

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 3100 SW 62 Avenue

27 3100 SW 62 Avenue

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Country

Zip

Country

24 33155

25 Dade

29 33155

30 Dade

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

10. Name and Address of New Registered Agent

LAPIDUS, STEVEN B
1221 BRICKELL AVENUE
SUITE 2100
MIAMI FL 33151

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 607.1506, 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 then applicable

8.0018 Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SUSSMANE, JEFFREY B M.D.
STREET ADDRESS % 3200 S.W. 60TH COURT
CITY-ST-ZIP MIAMI FL 33155

1.1 TITLE President ☒ Change ☐ Add on
1.2 NAME Sussmane, Jeffrey B., MD
1.3 STREET ADDRESS 3100 SW 62 Avenue
1.4 CITY-ST-ZIP Miami, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Treasurer ☐ Change ☒ Add on
2.2 NAME Tirotta, Christopher F., MD
2.3 STREET ADDRESS 3100 SW 62 Avenue
2.4 CITY-ST-ZIP Miami, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Vice President ☐ Change ☒ Add on
3.2 NAME Beck, Morris, MD
3.3 STREET ADDRESS 7800 SW 87 Avenue, Bldg. B-240
3.4 CITY-ST-ZIP Miami, FL 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE V.P. & Corresp. Sec. ☐ Change ☒ Addition
4.2 NAME Howard, Cleve, MD
4.3 STREET ADDRESS 3200 SW 60 Ct. Suite 103
4.4 CITY-ST-ZIP Miami, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Recording Secretary ☐ Change ☒ Addition
5.2 NAME Reeves-Garcia, Jesse, MD
5.3 STREET ADDRESS 3200 SW 60 Ct., Suite 204
5.4 CITY-ST-ZIP Miami, FL 33155

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Hertzberg, Betti, MD
6.3 STREET ADDRESS 7700 Red Road
6.4 CITY-ST-ZIP S. Miami, FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher F. Tirotta, MD

2-15-96

Date

305-663-8456

Display Phone #

CR2E034 (12/95)