

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90194 036 ***150.00

DOCUMENT # P96000012680



1. Entity Name
SOUTH BROWARD PEDIATRIC IPA, INC.

Principal Place of Business
**6517 TAFT STREET
HOLLYWOOD FL 33024**

Mailing Address
**6517 TAFT STREET
HOLLYWOOD FL 33024**

2. Principal Place of Business
2900 CORPORATE WAY

3. Mailing Address
2900 CORPORATE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR, FLORIDA

City & State
MIRAMAR, FLORIDA

Zip Country
33025 U.S.A.

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33025 U.S.A.

4. FEI Number **65-0687774**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARBER, GARY
1011 N. 35 AVE.
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **LEVIN, PHILIP A**
STREET ADDRESS **C/O MIH 6517 TAFT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **ANGELLA, JOSEPH J MD**
STREET ADDRESS **C/O MIH 6517 TAFT ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **MARQUIT, HOMER L MD**
STREET ADDRESS **C/O MIH 6517 TAFT ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DC** ☒ Change ☐ Addition
NAME **LEVIN, PHILIP A.**
STREET ADDRESS **C/O MIH, 2900 CORPORATE WAY**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE **D** ☒ Change ☐ Addition
NAME **ANGELLA, JOSEPH J., M.D.**
STREET ADDRESS **C/O MIH, 2900 CORPORATE WAY**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE **D** ☒ Change ☐ Addition
NAME **MARQUIT, HOMER L., M.D.**
STREET ADDRESS **C/O MIH, 2900 CORPORATE WAY**
CITY-ST-ZIP **MIRAMAR, FL 33025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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

PHILIP A. LEVIN, M.D. 3/27/03 954-985-2360
Date Daytime Phone #

CR2E034 (10/02)