

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90129 004 \*\*\*150.00

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1. Corporation Name EMERGENCY PEDIATRIC SERVICES, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7211 S.W. 62ND AVENUE SUITE 206 MIAMI FL 33143

Mailing Address 7211 S.W. 62ND AVENUE SUITE 206 MIAMI FL 33143

3. Date Incorporated or Qualified

03/22/1996

2. Principal Place of Business 21 5955 Ponce De Leon Blvd Suite, Apt. #, etc.

2a. Mailing Address 26 5955 Ponce De Leon Blvd Suite, Apt. #, etc.

4. FEI Number

65-0651301

Applied For Not Applicable

22 City & State 23 Coral Gables, Florida

27 City & State 28 Coral Gables, Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33146-2423 25

29 33146-2423 30

8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TANO, ALBERT MD. 7211 S.W. 62ND AVENUE SUITE 206 MIAMI FL 33143

81 Name Tano, Albert R. MD 82 Street Address (P.O. Box Number is Not Acceptable) 5955 Ponce De Leon Blvd 83 84 City Coral Gables FL 85 Zip Code 33146

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 DD PEREZ, JORGE MD STREET ADDRESS 7211 S.W. 62ND AVENUE SUITE 206 CITY-ST-ZIP MIAMI FL 33143

1.1 TITLE Director 1.2 NAME Peres, Jorge E MD 1.3 STREET ADDRESS 5955 Ponce De Leon Blvd 1.4 CITY-ST-ZIP Coral Gables, Florida 33146-2423

TITLE D TANO, ALBERT STREET ADDRESS 7211 S.W. 62ND AVENUE SUITE 206 CITY-ST-ZIP MIAMI FL 33143

2.1 TITLE Director 2.2 NAME Tano, Albert R. MD 2.3 STREET ADDRESS 5955 Ponce De Leon Blvd 2.4 CITY-ST-ZIP Coral Gables, Florida 33146-2423

TITLE D VALDES, ERNESTO MD STREET ADDRESS 7211 S.W. 62ND AVENUE SUITE 206 CITY-ST-ZIP MIAMI FL 33143

3.1 TITLE Director 3.2 NAME Valdes, Ernesto MD 3.3 STREET ADDRESS 5955 Ponce De Leon Blvd 3.4 CITY-ST-ZIP Coral Gables, Florida 33146-2423

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Albert R. Tano, M.D.

5/30/99

CR2E034 (1/198)