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officer or director of the co Block 12 or Block 13 if charged, o

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FLORIDA DEPARTMENT OF STATE

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May 18 1998 8:00am Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P96000035893 (2) **DOCUMENT #** 78 PEDIATRICS R US P.A. Principal Place of Business Mailing Address 4395 PALM AVE 4395 PALM AVE HIALEAH FL 33012 HIALEAH FL 33012 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/22/1996 2. Principal Place of Business Mailing Address Applied For 65-0663914 21 26 Not Applicable Suite, Apt. #, etc. Suite. Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FERNANDEZ, JOSE **520 LEE DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI SPRINGS FL 33166 83 84 City 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 reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **≛** DELETE TITLE 11 TITLE Change Addition **HANNEY XXX**X NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS KARIKA YA SEMBRIA MAN CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE PERMANDEZX BRISTXANIX XXX NAME 2.2 NAME NAME AND COMME STREET ADDRESS 2.3 STREET ADDRESS MIXIN XERBIYGS XFK X3406X CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition VD TITLE 3 1 TITLE FIALLO CELADIE JR FIALLO, CELADIE JR NAME 3.2 NAME 9097 NW 102 STREET STREET ADDRESS 3.3 STREET ADDRESS HIALEAH GARDENS FL 33016 WALEAH, GARDENS 3 CITY - ST - ZIP 3 4. CITY - ST - 21P DELETE TD TITLE 4 1 TITLE FIALLO, AMADA G NAME 4.2 NAME FIRLLO, AMADA G. 9097 NW 102 STREET 4.3 STREET ADDRESS STREET ADDRESS 9097 NW 102 SP HIALEAH GARDENS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP WLEAH. BRADENS, DELETE TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.º TITLE NAME 6: NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath, that I am an secure this report pe required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental armual report. does not quo

President 3/23/98