

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040478

1. Entity Name

PEDIATRIC ASSOCIATES MANAGEMENT SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90041 041 ***150.00

Principal Place of Business

Mailing Address

4601 SHERIDAN ST. SUITE 400
HOLLYWOOD FL 33021

4601 SHERIDAN ST. SUITE 400
HOLLYWOOD FL 33021-3435

2. Principal Place of Business

4620 N State Rd 7

3. Mailing Address

4620 N state Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg H Ste 316

Bldg H Ste 316

City & State

City & State

Lauderdale Lakes FL

Lauderdale Lakes FL

Zip

Country

Zip

Country

33319

U.S.

33319

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1198552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBSON, JAMES C
6950 CYPRESS ROAD
SUITE 207
PLANTATION FL 33317

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PD
STREET ADDRESS LEVIN, PHILLIP
CITY-ST-ZIP 16100 VIA MONTEVERDE
DELRAY BEACH FL 33446-2365

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

TITLE ☐ Delete
NAME V
STREET ADDRESS SHULMAN, PETER
CITY-ST-ZIP 3237 S. PORT ROYAL DRIVE #G
FT LAUDERDALE FL 33308

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

TITLE ☐ Delete
NAME V
STREET ADDRESS JACOBSON, JED
CITY-ST-ZIP 4220 VAN BUREN ST
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS LIEBERMAN, GARY
CITY-ST-ZIP 11600 ISLAND RD.
COOPER CITY FL 33026

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)