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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 17 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name

P96000048432 (4)

PALM BEACH PEDIATRIC INFECTIOUS DISEASES, P.A.

Principal Place of Business Mailing Address				F 1801100E 3(0 (0)10 0(0)) 00(0) 03(0) 01	TANK <b>Ba</b> nia <b>Baba</b> a A <b>b</b> aik <b>Biaba</b> ata		
9750 MW 33RD ST 213 CORAL SPRINGS FL 33065		P O BOX 811853 BOCA RATON FL 33481 US	BOCA RATON FL 33481			E IN THIS SPACE	
US					3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a. Mailing Address			06/06/1996 4. FEI Number		oplied For
21	IACO OF DUSINESS	— ·	26			<del></del>	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			65-0669523	¢0.75	
22		27	<del></del>		5. Certificate of Status Desired	Fee Re	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	- \$\$		Trust Fund Contribution	Added (	lo Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has pa		:
24	25 2. Name and Address of		30]	<del></del>	Personal Property Tax due June 10. Name and Address of New Re		] No
10		Chilett upfibreien Manie	81	Name	Total O Malas 14	Aletered Whole	
JOSE, R M MD					Jose R. Mateo, M.	<i>U</i> .	
	149 PRESERVE DR CA RATON FL 33498		82	Street Ad	ddyess (P.O. Box Number is Not Acceptat	<sup>ole)</sup> <b>" i \/o</b> .	
50	ON NATON I E 35780		83			1.467	
			0.1	211	A	1661 7:-	O
			84	City	Boca Baton	FL 85 Zip 334	<sup>Code</sup> 4 <i>A</i> <b>Q</b>
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida Statute	s, the above	e-named c	orporation submits this statement for the	ourpose of changing it	s registered
agent. La	egisteren agent, or both, in the m familiar with, and agsept file	e State of Florida. Such change was at a obligations of, Section 607.0505, Flor	umonzeo by rid <b>a S</b> tatutes	7 tne corpo s.	pration's board of directors. I hereby acce	pt the appointment as	registered
SIGNATURE	Mari F. UMDAR.	p (Jose C. Hate	~ /			311.98	
			_	int signature re	equired when reinstating)	DATE	
12.	O (FICE	RS AND DIRECTORS  DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTOR  Change	S IN 12
TITLE NAME	MATEO, JOSE R MD		1.7 TITLE 1.2 NAME			Change	LJ Addition
STREET ADDRESS	9750 NW 33RD ST #21	2	1.3 STREET	. YUUDEGG			
CHY-ST-ZIP	CORAL SPRINGS FL		1,4 CITY-S				
TITLE	·	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2, 4 City - St - ZiP				J
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP		- Doubte	3.4. CITY - 5	37 - ZIP			
TITLE		☐ DELETE	4.1 TITLE			∟ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 DITY-S	T-21P			
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 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 fustee 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.							
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