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PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

03-10-1999 90158 013 ***150.00

FILED

DOCUMENT #	P96000048432
4 Corporation Name	. 555555 .5 .5

PALM BEACH PEDIATRIC INFECTIOUS DISEASES, P.A.

Principal Place	e of Business	Mailing Address					(1881 (78 18118 BHL) 66111		5001 MM	144 ((((4 ()0) (44)
9750 NW 33RD	ST	P O BOX 811853								
213		BOCA RATON FL 33481					DO NOT W	RITE IN THIS	SPACE	
CORAL SPRINGS FL 33065 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
03						06/06/	•			
2 Principal Pl	ace of Business	2a, Mailing Address				4. FEI Numi				Applied For
21	000 0. Buomaga	26				65-066	9523			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_				,		\$8.75	Additional
22		27				5. Certificate	of Status Desired	<u></u>	Fee F	Required
City & State	9	City & State				6. Election (Campaign Financin	^{ig} \cap	•	0 May Be │
23		28					d Contribution			to Fees
Zip	Country	Zip		ıntry		1	oration owes the c	urrent year inte		-/m
24	25	29	30	1			Property Tax.	u Designational i	∐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name ar	d Address of Nev	w Registered /	-gent	
R#ΔT	EO, JOSE R MD			6'	Name					
	9 PRESERVE DR			82	Street Addre	ss (P.O. Box N	umber is Not Acce	eptable)		
	A RATON FL 33498			83		<u>.</u>				
				84	City			FL	85 Zip	o Code
44 Durayant	to the provisions of Sections 607.05	502 and 607 1508. Florida Statu	tos the a	bove-	-named como	ration submits	this statement for t	he numose of	<u>l 1</u> changing i	ts registered
agent. I at	to the provisions of Sections 607.55 egistered agent, or both, in the Stat m familiar with, and accept the oblig	gations of, Section 607.0505, Fit	orida Stat	utes.	L signature required			DATE		
	Signature, typed or printed name of registered a	AND DIRECTORS	13.		signature required		S/CHANGES TO		D DIDEA	
12. TITLE	P	DELETE	_						n nikeci	FORS IN 12
NAME	MATEO, JOSE R MD			ME	- 1			OFFICERS AN	☐ Chang	
STREET ADDRESS	9750 NW 33RD ST #213	Decere		TLE AME				OFFICERS AN		
		J DECENE	1.2 N	AME	ADDRESS		0.00	OFFICERS AN		
CITY-ST-ZIP		- Detterior	1.2 N. 1.3 S	AME TREET	ADDRESS		0,0,10,11	OFFICERS AN		
TITLE	CORAL SPRINGS FL		1.2 N 1.3 S 1.4 C	AME TREET	i			OFFICERS AN		e Addition
TITLE		☐ OÉLÉTE	1.2 N 1.3 S 1.4 C 2.1 Ti	AME TREET / ITY-ST- ITLE	i				☐ Chang	e Addition
NAME			1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	AME TREET / ITY-ST- ITLE AME	- ZIP	,		OFFICERS AN	☐ Chang	e Addition
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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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

954.345.0404