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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000064746 (6)

1. Corporation Name  
CARITAS PEDIATRICS, INC.



Principal Place of Business  
6481 WEST 8 COURT  
HIALEAH FL 33012

Mailing Address  
6481 WEST 8 COURT  
HIALEAH FL 33012-6419

3. Date Incorporated or Qualified 08/02/1996	3a. Date of Last Report
4. FEI Number 15-0688096	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Ramon R. Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable)	6481 West 8th Ct.
83	
84 City	Hialeah
85 Zip Code	FL 33012

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 *Ramon R. Gonzalez* DATE 3-19-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	GONAZALEZ, RAMON R	12 NAME	
STREET ADDRESS	6481 WEST 8 COURT	13 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	14 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	
NAME	GONZALEZ, MARIA I.	2.2 NAME	
STREET ADDRESS	6481 WEST 8 COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	
NAME	GONZALEZ, MERCEDES G.	3.2 NAME	
STREET ADDRESS	6481 WEST 8TH COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	HIALEAH FL 33012	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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14. I do 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.

SIGNATURE: *Ramon R. Gonzalez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

Date

Daytime Phone

0117610

CR2E034 (9/96)