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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000023805 (9)

DEVELOPMENTAL PEDIATRICS, INC.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address				
6750 S.W. B9TH TERRACE MIAMI FL 33156		6750 S.W. 89TH TERRACE MIAMI FL 33156			··	
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
!					03/17/1997	
2. Principal Pl	ace of Business	2a. Maiting Address			4. FEI Number Applied For	
21		26			65-0740174 Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28] 2(p)	Countr	~	Trust Fund Contribution Added to Fees	
24	25	29	30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
27]	9. Name and Address of Curren		1301		10. Name and Address of New Registered Agent	
SHI	EAR, MURRAY D	· · · · · · · · · · · · · · · · ·	81	Name		
6750 S.W. 89TH TERRACE MIAMI FL 33156			82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
			62	oureu Add	less (P.O. box number is not acceptable)	
	::::::::::::::::::::::::::::::::::::::		83			
			84	City	as 75 Onda	
			**	City	FL 85 Zip Code	
agent. Lai	n familiar with, and accept the obliga-	ations of, Section 607.0505, FI	orida Statute	s.	rporation submits this statement for the purpose of changing its registere- ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	where or agent, or notify in the state of familiar with, and accept the obligation typed or protect notice of representation of the CERS AND	er and the diapplicable (NOI			uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE	Signature, typed or percent non-confrequenced age	er and the diapplicable (NOI	1F · Registered Ag		uirod when reinstating) DATE	
SIGNATURE	Signature, typicd or princed had to of region red arise OF LICETES AND SHEAR, CAROL M.D.	er and the dapple able (NO	TF Registered Ag	ien, signature requ	uited when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes from an attachment with a practices.

SIGNATURE.

March Marine

Man Poor

4/2/00 305-265-0005