

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000047955

1. Entity Name

E G PEDIATRICS, P.A.

FILED

02 NOV -5 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11880 BIRD RD.

3. Mailing Address

11880 BIRD RD.

Suite, Apt. #, etc.

STE: 205

Suite, Apt. #, etc.

STE: 205

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33175

Country

US

Zip

33175

Country

US

2002 UBR

4. FEI Number

65-0758526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **MARTHA R. ESTRADA-GUEVARA MD**

Street Address (P.O. Box Number is Not Acceptable)

11880 BIRD RD. # 205

City **MIAMI**

FL

Zip Code
33175

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

M. Estrada-Guevara

MARTHA R. ESTRADA-GUEVARA

11-01-02

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

(NO I.L. 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(P/D) MARTHA R. ESTRADA-GUEVARA MD
11880 BIRD RD. # 205
MIAMI, FL 33175

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
(VP/D) CARLOS M. GUEVARA MD
11880 BIRD RD. # 205
MIAMI, FL 33175

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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300008810593
11/05/02--01089--003 **300.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

M. Estrada-Guevara

MARTHA R. ESTRADA-GUEVARA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/1/02

CR20048 (12/01)

2022

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF THE 2002 ANNUAL REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT.

CORDIALLY,


MARTHA R. ESTRADA-GUEVARA
PRESIDENT