

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063321

1. Entity Name

PAI PEDIATRICS, P.A.

Principal Place of Business

Mailing Address

9857 ST AUGUSTINE RD  
SUITE 2  
JACKSONVILLE FL 32257  
US

8082 SHADY GROVE  
JACKSONVILLE FL 32256-7359

2. Principal Place of Business

9803 ST AUGUSTINE RD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 8

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

Zip

32257

Country

US

Zip

Country

4. FEI Number

59-3457488

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: 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)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	
NAME	PAI, ASHA	NAME	
STREET ADDRESS	8082 SHADY GROVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

3. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHA K. PAI

4/18/00

904-288-2222

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90125 008 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)