

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90129 003 ***150.00

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1. Corporation Name

SOUTH FLORIDA PEDIATRIC CRITICAL CARE, P.A.

Principal Place of Business

21644 STATE RD 7
ROOM 100
BOCA RATON FL 33428

Mailing Address

21644 STATE RD 7
ROOM 100
BOCA RATON FL 33428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1997

4. FEI Number

65-0782907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5955 Ponce De Leon Blvd.

Suite, Apt. #, etc.

22 City & State

23 Coral Gables, Florida

Zip Country

24 33146-2423 25

2a. Mailing Address

26 5955 Ponce De Leon Blvd.

Suite, Apt. #, etc.

27 City & State

28 Coral Gables, Florida

Zip Country

29 33146-2423 30

9. Name and Address of Current Registered Agent

TANO, ALBERT R M.D.

21644 STATE RD 7

ROOM 100

BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

Tano, Albert R. MD

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

5955 Ponce De Leon Blvd

83

84 City

Coral Gables,

FL

85 Zip Code

33146

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEREZ, JORGE E M.D.

STREET ADDRESS 21644 STATE RD 7 ROOM 100

CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE

NAME TANO, ALBERT R M.D.

STREET ADDRESS 21644 STATE RD 7 ROOM 100

CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE

NAME VALDES, ERNESTO M.D.

STREET ADDRESS 21644 STATE RD 7 ROOM 100

CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☐ Addition

1.2 NAME Perez, Jorge E.M.D

1.3 STREET ADDRESS 5955 Ponce De Leon Blvd

1.4 CITY-ST-ZIP Coral Gables, Florida 33146-2423

2.1 TITLE Director ☐ Change ☐ Addition

2.2 NAME Tano, Albert R MD

2.3 STREET ADDRESS 5955 Ponce De Leon Blvd

2.4 CITY-ST-ZIP Coral Gables, Florida 33146-2423

3.1 TITLE Director ☐ Change ☐ Addition

3.2 NAME Valdes, Ernesto MD

3.3 STREET ADDRESS 5955 Ponce De Leon Blvd

3.4 CITY-ST-ZIP Coral Gables, Florida 33146-2423

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

ALBERT R. TANO, M.D.

Date

Daytime Phone #

CR2E034 (11/98)