2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000060933 Jul 21, 2000 8:00 am 1. Entity Name **Secrétary of State** PALM BAY PEDIATRICS, INC. 07-21-2000 90160 047 ***150.00 Principal Place of Business Mailing Address 1421 MALABAR RD NE 1421 MALABAR RD NE SUITE #210 SUITE #210 PALM BAY FL 32907 PALM BAY FL 32907 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3520087 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jones, Richard O Street Address (P.O. Box Number is Not Acceptable) 1250 W. EAU GALLIE BLVD., STE. J **MELBOURNE FL 32935** 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, 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME LEEDY, DORIS M NAME STREET ADDRESS STREET ADDRESS 1421 MALABAR RD NE. STE #210 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32907 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NIABAT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7/P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

DUJUANTE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTO

7/17/2000 (321)722-8435

P91000000933

Acol 9204

Palm Bay Pediatrics, Inc. 1421 Malabar Road, NE Suite 210 Palm Bay, FL 32907 (321) 722-8435

July 17, 2000.

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

RE: Palm Bay Pediatrics, Inc. EIN #59-3520087

Gentlemen:

We are in receipt of the 2000, Uniform Business Report, Second Notice, indicating a filing fee of \$550.00. Please be advised we were totally unaware of any such report. A "first notice" was never received by our office, therefore, we were unable to respond in the appropriate time frame.

Enclosed please find the report along with our check in the amount of \$150.00 to cover the original filing fee. We respectfully request that the additional fee of \$400.00 be removed due to non-receipt of the first notice.

Sincerely

Doris M. Leedy

Dudy m)

President '

Enclosures