

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90160 047 ***150.00

DOCUMENT # P98000060933

1. Entity Name
PALM BAY PEDIATRICS, INC.

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Principal Place of Business 1421 MALABAR RD NE SUITE #210 PALM BAY FL 32907 US	Mailing Address 1421 MALABAR RD NE SUITE #210 PALM BAY FL 32907 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3520087** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JONES, RICHARD O
1250 W. EAU GALLIE BLVD., STE. J
MELBOURNE FL 32935

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEEDY, DORIS M 1421 MALABAR RD NE, STE #210 PALM BAY FL 32907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *D. Leedy* **SIGNATURE REQUIRED** Date: **7/17/2000** Daytime Phone #: **(321) 722-8435**

P98000060933

ADW9204

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
President

Enclosures