

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082710

1. Entity Name

PEDIATRIC ASSOCIATES OF HOMESTEAD, INC.

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90062 023 ***150.00

0002545

Principal Place of Business

15600 S.W. 288TH ST., #201
HOMESTEAD FL 33033

Mailing Address

15600 S.W. 288TH ST., #201
HOMESTEAD FL 33033

2. Principal Place of Business

151 NW 11th STREET

Suite, Apt. #, etc.

Suite E-202

City & State

HOMESTEAD, FL

Zip
33030

Country

USA

3. Mailing Address

151 NW 11th STREET

Suite, Apt. #, etc.

Suite E-202

City & State

HOMESTEAD, FL

Zip
33030

Country

USA

00027028



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0864837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUEST, JAMES M CPA, PA
15600 S.W. 288TH ST., #201
HOMESTEAD FL 33033

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
HERNANDEZ, RAUL MD
15600 S.W. 288TH ST., #201
HOMESTEAD FL 33033 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Dorsey L. Goosby, MD
151 NW 11th ST, Suite E202
HOMESTEAD, FL 33030 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01
Date

(305) 245-3220
Daytime Phone #

CR2E034 (10/00)