

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093196

1. Entity Name

RIVERSIDE PEDIATRICS, P.A.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90313 029 ***150.00

Principal Place of Business
300 RIVERSIDE DRIVE EAST, SUITE 3900
BRADENTON FL 34208

Mailing Address

300 RIVERSIDE DRIVE EAST, SUITE 3900
BRADENTON FL 34208

2. Principal Place of Business

300 RIVERSIDE DRIVE EAST

Suite, Apt. #, etc.

SUITE 1300

City & State

BRADENTON, FL

Zip

34208

Country

USA

3. Mailing Address

300 RIVERSIDE DRIVE EAST

Suite, Apt. #, etc.

SUITE 1300

City & State

BRADENTON, FL

Zip

34208

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0875287

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

PALACIO, LILIANA M.D.
300 RIVERSIDE DRIVE EAST, SUITE 3900
BRADENTON FL 34208

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's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D			
	PALACIO, LILIANA M.D.	300 RIVERSIDE DR E #3900	BRADENTON FL 34208	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)