

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
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90092 005 ***150.00

DOCUMENT # P98000094293

1. Corporation Name

AMORETTI PEDIATRICS, P.A.

Principal Place of Business

7301 W. PALMETTO PARK ROAD
SUITE 101B
BOCA RATON FL 33343

Mailing Address

7301 W. PALMETTO PARK ROAD
SUITE 101B
BOCA RATON FL 33343

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1998

4. FEI Number

65-0875037

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 7301 W. Palmetto Park Rd.

Suite, Apt. #, etc.

22 Suite 101B

City & State

23 Boca Raton FL

Zip

24 33433

Country

2a. Mailing Address

26 7301 W. Palmetto Park Rd

Suite, Apt. #, etc.

27 Suite 101B

City & State

28 Boca Raton FL

Zip

29 33433

Country

30

9. Name and Address of Current Registered Agent

AMORETTI, ALEJANDRO
7301 W. PALMETTO PARK ROAD
SUITE 101B
BOCA RATON FL 33343

10. Name and Address of New Registered Agent

81 Name

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

7301 W. Palmetto Park Road

83 Suite 101B

84 City

Boca Raton

FL

85 Zip Code

33433

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 PD
NAME AMORETTI, ALEJANDRO
STREET ADDRESS 1701 W. PALMETTO PARK RD., SUITE 101B
CITY-ST-ZIP BOCA RATON FL 33343

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Amoretti, Alejandro
1.3 STREET ADDRESS 7301 W. Palmetto Park Rd. Suite 101B
1.4 CITY-ST-ZIP Boca Raton FL 33433

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0341345