

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90128 014 ***150.00

DOCUMENT # P98000094976

1. Corporation Name
PEDIATRICS SUBSPECIALTY, INC.



Principal Place of Business
2041 N.E. 209TH STREET
NORTH MIAMI BEACH FL 33179

Mailing Address
2041 N.E. 209TH STREET
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 2627 NE 203 ST	26 2627 NE 203 ST	11/10/1998	65-0880104	No. Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	8.75 Additional Fee Required	
22 215	27 215	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	5.00 May Be Added to Fees	
23 NORTH MIAMI BEACH	28 NORTH MIAMI BEACH	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible	Personal Property Tax.	
24 33180	29 33180	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Country	Country			
25 USA	30 USA			

9. Name and Address of Current Registered Agent

DIAMOND, KEITH D
46 S.W. FIRST STREET, FOURTH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.050 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUB, MARIO	1.2 NAME	
STREET ADDRESS	2041 N.E. 209TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 under the provisions of the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARIO RUB M.D. F.A.A.P.
2627 N.E. 203rd St, Suite 215
North Miami Beach, FL 33180

(305) 782-2068

CR2E034 (11/98)

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