

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000101740**

1. Entity Name

PEDIATRIC HEALTHCARE, INC.

FILED

00 JUN -9 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
1600 S. FEDERAL HWY.
POMPANO BEACH FL 33062Mailing Address
ATTN: TAX DEPT.
PO BOX 15309
DURHAM NC 27704-0309

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

56-2114644

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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	SD	<input checked="" type="checkbox"/> Delete
NAME	BREDESON, CHRISTOPHER	
STREET ADDRESS	1600 S. FEDERAL HIGHWAY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOFFITT, M. CATHARINE MD	
STREET ADDRESS	1600 S. FEDERAL HIGHWAY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PODOLSKY, SHERMAN MD	
STREET ADDRESS	1600 S. FEDERAL HIGHWAY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUDINAL, PAT	
STREET ADDRESS	1600 S. FEDERAL HIGHWAY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	SPELLING NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDINAS, PAT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, DONNA	
STREET ADDRESS	1600 S. FEDERAL HWY STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

SP