

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90120 048 \*\*\*550.00

**DOCUMENT # P99000031957****1. Entity Name**  
**THE PEDIATRIC OFFICE, P.A.****Principal Place of Business****12561 W SUNRISE BLVD. SUITE 203**  
**SUNRISE FL 33323****Mailing Address****12561 W SUNRISE BLVD. SUITE 203**  
**SUNRISE FL 33323**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** **65-0910307**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****HALLE APRIL, L**  
**ATLAS, PEARLMAN, TROP & BORKSON, P.A.**  
**200 E LAL OLAS BLVD, SUITE 1900**  
**FT LAUDERDALE FL 33301****Name**  
**HALLE APRIL, L**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**STOLLMAN & GRUBMAN, P.A.**  
**2424 N. FEDERAL HIGHWAY, STE 450**  
**City** **BOCA RATON** **FL** **Zip Code**  
**33431****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. I am familiar with, and accept the obligations of registered agent.****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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** **Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	HALLE, MICHAEL	8941 S. LAKE DASHA DR.	FORT LAUDERDALE FL 33324	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP	GARTER, LAWRENCE	169 GRANADA AVE.	FORT LAUDERDALE FL 33326	<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)