

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # P99000052293

1. Entity Name

GROWING CHILD PEDIATRICS, P.A.

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-16-2000 90052 028 ***150.00

Principal Place of Business

220 WEST GARDEN STREET
9TH FLOOR
PENSACOLA FL 32501

Mailing Address

POST OFFICE BOX 13290
PENSACOLA FL 32591-3290

2. Principal Place of Business

4286 Woodbine Rd

Suite, Apt. #, etc.

Ste. D

City & State

Pace, FLA

Zip

32571

Country

USA

3. Mailing Address

4286 Woodbine Rd

Suite, Apt. #, etc.

Ste. D

City & State

Pace, FLA

Zip

32571

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEL Number

39-3580965

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WESTMORELAND, J. LOFTON
220 WEST GARDEN STREET
9TH FLOOR
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> Delete
NAME	Teresa mahaffey MD	
STREET ADDRESS	4286 Woodbine Road - Suite D	
CITY-ST-ZIP	Pace, FL 32571	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Teresa Mahaffey MD Teresa Mahaffey, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00 (850) 994-5010

Date

Daytime Phone #

CR2E034 (9/99)