

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90003 033 ***150.00

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DOCUMENT # P99000107052

1. Entity Name
PEDIATRIC PULMONARY ASSOCIATES, P.A.

Principal Place of Business 150 2ND AVE. N., STE. 1100 ST. PETERSBURG FL 33701	Mailing Address 150 2ND AVE. N., STE. 1100 ST. PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 880 SIXTH STREET SOUTH	3. Mailing Address 880 SIXTH STREET SOUTH
Suite, Apt. #, etc. SUITE 390	Suite, Apt. #, etc. SUITE 390

City & State ST. PETERSBURG, FLORIDA	City & State ST. PETERSBURG, FLORIDA	4. FEI Number 59-3615413	Applied For <input type="checkbox"/> Not Applicable
Zip 33701	Country USA	Zip 33701	Country USA

6. Name and Address of Current Registered Agent SMITH, THOMAS B ESQ 150 2ND AVE. N., STE. 1100 ST. PETERSBURG FL 33701	7. Name and Address of New Registered Agent Name JEFFREY M. EWIG, M.D. Street Address (P.O. Box Number is Not Acceptable) 880 SIXTH STREET SOUTH, SUITE 390 City ST. PETERSBURG FL Zip Code 33701
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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: *Jeffrey M. Ewig* **JEFFREY M. EWIG PRESIDENT** DATE: **4/11/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME D SCHWARTZ, VICTORIA	<input checked="" type="checkbox"/> Delete	TITLE NAME PID JEFFREY M. EWIG, M.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8676 PIPER LN.		STREET ADDRESS 2005 CAROLINA AVENUE, NE	
CITY-ST-ZIP LARGO FL 33777		CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33703	
TITLE NAME D RAINER, LESLIE	<input checked="" type="checkbox"/> Delete	TITLE NAME T/S/D Anthony Kruseman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 811-S-EDISON-AVE.		STREET ADDRESS 811-SOUTH EDISON AVENUE	
CITY-ST-ZIP TAMPA FL 33606		CITY-ST-ZIP TAMPA, FLORIDA 33606	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME VID JUAN C. MARTINEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 1767 TANGLEWOOD DRIVE NE	
CITY-ST-ZIP		CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33702	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME VID MAGDALEN GONDOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS 1024 Bay Street, NE	
CITY-ST-ZIP		CITY-ST-ZIP ST. PETERSBURG, FLORIDA 33701	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jeffrey M. Ewig* **JEFFREY M. EWIG PRESIDENT** DATE: **4/11/01** DAYTIME PHONE #: **727-892-4146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)