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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # S19931 (2)

1. Corporation Name
AMBROSE SOLER PEDIATRICS, M.D., P.A.

Principal Place of Business

1773 N CONGRESS AVE
BOYNTON BEACH FL 33426-0205

Mailing Address

1773 N CONGRESS AVE
BOYNTON BEACH FL 33426-0205

3. Date Incorporated or Qualified
12/17/1990

3a. Date of Last Report
05/28/1996

2. Principal Place of Business
21 8200 Jog Road

Suite, Apt. #, etc.

22 SUITE 102

23 City & State
Boynton Beach Fla

24 Zip
33437

Country

2a. Mailing Address

26 SAME as Principal

Suite, Apt. #, etc.

27

28 City & State

29 Zip

Country

4. FEI Number
65-0238966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOLER, AMBROSE
1773 N CONGRESS AVE
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name
AMBROSE Soler
82 Street Address (P.O. Box Number is Not Acceptable)
8200 JOG ROAD
83 SUITE #102
84 Boynton Beach FL 85 Zip Code
33437

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Sign above: typed or printed name of registered agent and title, if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D SOLER, AMBROSE
8320 MUIRHEAD CIR
BOYNTON BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)