

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S65299 (7)
1. Corporation Name
PEDIATRIC CRITICAL CARE OF THE PALM BEACHES, P.A



Principal Place of Business 104 SANDBOURNE LANE PALM BEACH GARDENS FL 33418	Mailing Address 104 SANDBOURNE LANE PALM BEACH GARDENS FL 33418
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1991	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0269716		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GOLDFINGER, SUE S., M.D. 104 SANDBOURNE LANE PALM BEACH GARDENS FL 33418		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	12 NAME		
STREET ADDRESS	13 STREET ADDRESS		
CITY-ST-ZIP	14 CITY-ST-ZIP		
TITLE	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	22 NAME		
STREET ADDRESS	23 STREET ADDRESS		
CITY-ST-ZIP	24 CITY-ST-ZIP		
TITLE	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	32 NAME		
STREET ADDRESS	33 STREET ADDRESS		
CITY-ST-ZIP	34 CITY-ST-ZIP		
TITLE	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	42 NAME		
STREET ADDRESS	43 STREET ADDRESS		
CITY-ST-ZIP	44 CITY-ST-ZIP		
TITLE	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	52 NAME		
STREET ADDRESS	53 STREET ADDRESS		
CITY-ST-ZIP	54 CITY-ST-ZIP		
TITLE	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
NAME	62 NAME		
STREET ADDRESS	63 STREET ADDRESS		
CITY-ST-ZIP	64 CITY-ST-ZIP		

14. 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 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 the receiver 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 _____ 6/128/98 501-881-2811

CR2E034 (10/97)