

2000 UNIFORM BUSINESS REPORT (UBR)

8/2

FILED
Sep 20, 2000 8:00 am
Secretary of State

08-29-2000 90003 027 ***150.00
 09-20-2000 90003 024 ***400.00

DOCUMENT # S65299

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0269716

Applied For

Not Applicable

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

GOLDFINGER, SUE S., M.D.
104 SANDBOURNE LANE
PALM BEACH GARDENS FL 33418

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDFINGER, SUE S., M.D. 104 SANDBOURNE LANE PALM BEACH GRDNS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(l), 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

Sue S Goldfinger, M.D 8/21/00

Date **561-881-2911**

CR2E034 (5/00)

Attachment

S65299

80107240

HAGEDORN BUSINESS SERVICES, INC.
1520 10TH AVENUE NO., SUITE E
LAKE WORTH, FL 33460
(561) 585-0038
FAX (561) 585-0950

August 21, 2000

Division of Corporations

Annual Reports Filings

P O Box 1500

Tallahassee, FL 32302-1500

RE: Pediatric Critical Care of the Palm Beaches, PA
Document # S65299

Gentleman:

The above referenced client has requested we write a letter requesting abatement of late fee on the filing of the annual report. The client never received the initial filing report therefore did not realize it was due until they received the second notice.

The client has always paid timely in the past when original notices were received.

Enclosed please find check in the amount of \$150.00 which is the regular fee for the filing.

Thank you for your cooperation in this matter.

Sincerely,

Trish Hagedorn

Trish Hagedorn