

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S65299

1. Entity Name
PEDIATRIC CRITICAL CARE OF THE PALM BEACHES,
P.A.



Principal Place of Business
901 45TH ST
WEST PALM BEACH, FL 33407

Mailing Address
104 SANDBOURNE LANE
PALM BEACH GARDENS, FL 33418



07192006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0269716

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Sue S. Goldfinger, MD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/06

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GOLDFINGER, SUE S., M.D.
STREET ADDRESS	104 SANDBOURNE LANE
CITY-ST-ZIP	PALM BEACH GRDNS, FL
TITLE	VP
NAME	PENA, ROMAN
STREET ADDRESS	716 SANDY POINTE LANE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000575094

08/23/06-80003-014 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sue S. Goldfinger

7/31/06 (S61) 881-2911