

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V06486**

**(7)**

1. Corporation Name

**KEY BISCAIYNE PEDIATRICS, P.A.**

**APPROVED AND FILED**  
**95 MAY -1 AM 1:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**24 WEST END DRIVE  
SUITE F  
KEY BISCAIYNE FL 33149**

**24 WEST END DRIVE  
SUITE F  
KEY BISCAIYNE FL 33149**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/07/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0305394** 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 insurance as under § 199.026, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

St.

South

St.

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERTRAN, JORGE L M.D.  
24 WEST END DRIVE  
SUITE F  
KEY BISCAIYNE FL 33149**

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

(Signature of Current Registered Agent) (Signature of New Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>
NAME	<b>BERTRAN, JORGE L</b>
STREET ADDRESS	<b>24 ENID DRIVE</b>
CITY, ST, ZIP	<b>KEY BISCAIYNE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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**-05/08/95--01043--008**  
**\*\*\*200.00 \*\*\*200.00**

14. I, the filer, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or statement of changes is true and accurate and that my signature shall have the same legal effect as if made in person by me as an officer or director of this corporation or the agent or co-agent authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in this filing in Block 13 if changed or in an attachment with additions.

SIGNATURE: *Jorge Luis Bertran M.D.*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04.28.95 3053619979*