

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90016 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # V07683</b>			
1. Entity Name <b>CONSULTATIVE PEDIATRICS, P.A.</b>			
Principal Place of Business <b>1351 N. GADSDEN ST. TALLAHASSEE FL 32303-5668 US</b>		Mailing Address <b>1351 N. GADSDEN ST. TALLAHASSEE FL 32303-5668 US</b>	
2. Principal Place of Business <b>1815 MICCOSUKEE Commons Dr Suite, Apt. #, etc. SUITE 102</b>		3. Mailing Address <b>SAMA AS #2 Suite, Apt. #, etc.</b>	
City & State <b>TALLAHASSEE, FL</b>		City & State	
Zip <b>32308-5457</b>	Country <b>US</b>	Zip	Country
4. FEI Number <b>59-3108754</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KOEPPPEL, SCOTT R. 1689-B MANHAN CENTER BLVD TALLAHASSEE FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEAY, MARY E 1351 N. GADSDEN ST. TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1815 MICCOSUKEE Commons Dr Suite 102 TALLAHASSEE, FL 32308-5457</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(i), 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 <i>Mary E. Seay</i> <b>MARY E. SEAY</b>		Date <b>1/6/01</b> Daytime Phone #	

CR2E034 (10/00)