

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90231 045 ***150.00

DOCUMENT # V07683

1. Entity Name
CONSULTATIVE PEDIATRICS, P.A.



Principal Place of Business
**1815 MICCOSIREE COMMONS DR.
SUITE 102
TALLAHASSEE FL 32308-5457
US**

Mailing Address
**1815 MICCOSIREE COMMONS DR.
SUITE 102
TALLAHASSEE FL 32308-5457
US**

2. Principal Place of Business
2390 PHILLIPS RD
Suite, Apt. #, etc.

3. Mailing Address
SAMA
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
TALLAHASSEE FL
Zip
32308

City & State

4. FEI Number
59-3108754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOEPEL, SCOTT R.
1689-B MANHAN CENTER BLVD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SEAY, MARY E**
STREET ADDRESS **1815 MICCOSIREE COMMONS DR SUITE 102**
CITY-ST-ZIP **TALLAHASSEE FL 32308-5754**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2390 PHILLIPS RD**
CITY-ST-ZIP **32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SCOTT R. KOEPEL** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03
Date

Daytime Phone #

CR2E034 (10/02)