FILE NOW: FILING FEE AFTER MAY 1 IS

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V12717

EAST/WEST PEDIATRICS. P.A.

Principal Place of Business Mailing Address 1121 EAST BROWARD BLVD. 1121 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301-2011 FORT LAUDERDALE FL 33301 3. Date Incorporated or Qualified 3a. Date of Last Report 01/22/1996 02/07/1992 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0318791 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zιρ This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KABBINAMANE, DHARMAPPA 1121 EAST BROWARD BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33301 83 84 City 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 Signarure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. STD DELETE Change Addition 1.1 TATLE TITLE SAHASRANAMAN, PALGHAT M. 1.2 NAME NAME 1121 EAST BROWARD BLVD. STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP PD Addition DELETE Change 2.1 TITLE TITLE DHARMAPPA, KABBINAMANE V 2.2 NAME NAME 1121 EAST BROWARD BLVD. STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE ☐ Change TOLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-21P DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$T-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY - ST - ZIP I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

SIGNATURE:

appears in Block 12 or Bi

CITY-S1-ZIP

13 if changed, or op an attachment with an address.

JAN. 24,1997 Date

FILED

Feb 13 1997 8:00am

Secretary of State

Daytime Phone #

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