

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 479058

**Entity Name:** MIAMI ASSOCIATES IN PEDIATRIC SURGERY, P.A.

**Current Principal Place of Business:**

3200 S.W. 60TH CT. SUITE 201  
MIAMI, FL 33155

**Current Mailing Address:**

3200 S.W. 60TH CT. SUITE 201  
MIAMI, FL 33155

**FEI Number:** 59-1608089

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURNWEIT, CATHY DV  
3200 S.W. 60TH CT. SUITE 201  
MIAMI, FL 33155 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DV  
Name BURNWEIT, DR CATHY  
Address 3200 SW 60TH CT #201  
City-State-Zip: MIAMI FL 33155

Title DV  
Name MALVEZZI, DR LEOPOLDO  
Address 3200 SW 60TH CT #201  
City-State-Zip: MIAMI FL 33155

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CATHY BURNWEIT

VP

04/22/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date