

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759152

FILED  
Feb 18, 2007  
Secretary of State

Entity Name: CUBAN PEDIATRIC SOCIETY, INC.

## Current Principal Place of Business:

P.O. BOX 558988  
MIAMI, FL 33255

## New Principal Place of Business:

15495 EAGLE NEST LANE  
SUITE 120  
MIAMI LAKES, FL 33014

## Current Mailing Address:

P.O. BOX 558988  
MIAMI, FL 33255

## New Mailing Address:

FEI Number: 65-0285587

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPOTE, M.D. M  
3175 SW 113TH COURT  
MIAMI, FL 33165 US

## Name and Address of New Registered Agent:

CAPOTE, MAYRA F MD  
3175 SW 113TH COURT  
MIAMI, FL 33165 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: MAYRA F. CAPOTE, MD

02/18/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: CAPOTE, M.D. M  
Address: 3175 SW 113TH COURT  
City-St-Zip: MIAMI, FL 33165

Title: PD ( ) Delete  
Name: VALDES, ERNESTO M.D.  
Address: 7211 S.W. 62 AVE SUITE 206  
City-St-Zip: MIAMI, FL 33143

Title: TD ( ) Delete  
Name: SELEM, MAGALI MD.  
Address: 640 MINOREA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SELEM, MAGALI MD.  
Address: 640 MINORCA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA F. CAPOTE, MD

SD

02/18/2007

Electronic Signature of Signing Officer or Director

Date