

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 08, 2012
Secretary of State

Entity Name: ANGEL'S PEDIATRIC CARDIOLOGY, INC.

Current Principal Place of Business:

13431 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

Current Mailing Address:

151 N. NOB HILL ROAD
SUITE 139
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 68-0579881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, SONIA
13431 MUSTANG TRAIL
SOUTHWEST RANCHES, FL 33330 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: PEREZ, SONIA I
Address: 151 N. NOB HILL ROAD, #139
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: HORN, ANGIE
Address: 151 N. NOB HILL ROAD, #139
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: FRIZONE, VICTORIA
Address: 151 N. NOB HILL ROAD, #139
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: GROSS, ANESSA
Address: 151 N. NOB HILL ROAD, #139
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: KLAASSEN, JEN
Address: 151 N. NOB HILL ROAD, #139
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: CARY, CAMERON
Address: 151 N. NOB HILL ROAD, #139
City-St-Zip: PLANTATION, FL 33324

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SONIA PEREZ

D

02/08/2012

Electronic Signature of Signing Officer or Director

Date