

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000072476

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** NORTHWEST PEDIATRIC, INC.

**Current Principal Place of Business:**

646 NW 183RD STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

646 NW 183RD STREET  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 65-1028500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASTILLO, DENISE  
646 NW 183RD STREET  
MIAMI, FL 33169 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: VP  
Name: CASTILLO, CARLOS  
Address: 646 NW 183RD STREET  
City-St-Zip: MIAMI, FL 33169

Title: P  
Name: CASTILLO, DENISE K  
Address: 646 NW 183RD STREET  
City-St-Zip: MIAMI, FL 33169

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: DENISE CASTILLO

P

04/14/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date