


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90024 033 \*\*\*150.00

DOCUMENT # P95000049866 1. Entity Name UNIVERSITY PEDIATRICS CENTER, INC.	
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Principal Place of Business 1601 N.W. 114TH AVE. PEMBROKE PINES, FL 33025	Mailing Address 1601 N.W. 114TH AVE. PEMBROKE PINES, FL 33025
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54034068



2. Principal Place of Business 2301 N. UNIVERSITY DR. Suite, Apt. #, etc. 107 City & State PEMBROKE PINES, FL	3. Mailing Address 2301 N. UNIVERSITY DR. Suite, Apt. #, etc. 107 City & State PEMBROKE PINES, FL
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04012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0591359	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRILLANTE, JACINTHA 2301 N. UNIVERSITY DR., SUITE 107 PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRILLANTE, JACINTHA			NAME			
STREET ADDRESS	2301 N. UNIVERSITY DR., STE.107			STREET ADDRESS			
CITY - ST - ZIP	PEMBROKE PINES, FL 33024			CITY - ST - ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRILLANTE, JACINTHA			NAME			
STREET ADDRESS	2301 N. UNIVERSITY DR., STE.107			STREET ADDRESS			
CITY - ST - ZIP	PEMBROKE PINES, FL 33024			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacinta Brillante Date: 4/14/04 Daytime Phone #: 954-966 6000