

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049866

FILED
Mar 24, 2009
Secretary of State

Entity Name: UNIVERSITY PEDIATRICS CENTER, INC.

Current Principal Place of Business:

2301 N. UNIVERSITY DR STE 107
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

2301 N. UNIVERSITY DR STE 107
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0591359

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRILLANTE, JACINTHA
2301 N. UNIVERSITY DR., SUITE 107
PEMBROKE PINES, FL 33024 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BRILLANTE, JACINTHA
Address: 2301 N. UNIVERSITY DR., STE.107
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VPD () Delete
Name: BRILLANTE, JACINTHA
Address: 2301 N. UNIVERSITY DR., STE.107
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J.A.BRILLANTE

PST

03/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date