

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 03, 2011
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:

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

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

OFFICERS AND DIRECTORS:

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

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

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: JACINTHA BRILLANTE

PST

02/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date