


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000065712**

1. Entity Name  
 REIMON PEDIATRICS, P.A.



Principal Place of Business  
 11921 S. DIXIE HWY.  
 SUITE 201  
 MIAMI, FL 33156 US

Mailing Address  
 11921 S. DIXIE HWY.  
 SUITE 201  
 MIAMI, FL 33156 US



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0937974 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA-LINARES, MANUEL G ESQ  
 201 S. BISCAYNE BOULEVARD  
 10TH FLOOR  
 MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST REIMON, PEDRO C M.D. 11921 S. DIXIE HWY. MIAMI, FL 33156
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U00000552061  
 05/13/06-80122-025 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  PEDRO C. REIMON M.D. 4/27/06 (305) 969-7513  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #