

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000065712

FILED
Apr 28, 2009
Secretary of State

Entity Name: REIMON PEDIATRICS, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

13155 SW 42ND STREET
SUITE 106
MIAMI, FL 33175 US

Current Mailing Address:

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

New Mailing Address:

13155 SW 42ND STREET
SUITE 106
MIAMI, FL 33175 US

FEI Number: 65-0937974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-LINARES, MANUEL G ESQ
201 S. BISCAYNE BOULEVARD
10TH FLOOR
MIAMI, FL 33131 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: DPST () Delete
Name: REIMON, PEDRO C M.D.
Address: 11921 S. DIXIE HWY.
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: REIMON, PEDRO C M.D.
Address: 13155 SW 42ND STREET SUITE # 106
City-St-Zip: MIAMI, FL 33175

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: PEDRO C REIMON

DR.

04/28/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date