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 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SD

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	IGNATURE: DR MAYRA F CAPOTE				
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	SD	Title	TD		
Name	CAPOTE, MAYRA F DR.	Name	SELEM, MAGALI MD.		
Address	14400 NW 77 CT., SUITE 102	Address	640 MINORCA AVE.		
City-State-Zip:	MIAMI LAKES FL 33016	City-State-Zip:	CORAL GABLES FL 33134		

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759152

Entity Name: CUBAN PEDIATRIC SOCIETY, INC.

Current Principal Place of Business:

14400 N.W. 77TH CT. SUITE 102 MIAMI LAKES, FL 33016

Current Mailing Address:

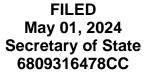
P.O. BOX 558988 MIAMI, FL 33255

FEI Number: 65-0285587

Name and Address of Current Registered Agent:

CAPOTE, MAYRA F DR. 14400 NW 77 CT.,SUITE 102 MIAMI LAKES, FL 33016 US

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

05/01/2024 Date