

**2015 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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:** DR MAYRA F CAPOTE

04/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name CAPOTE, MAYRA F DR.  
Address 14400 NW 77 CT., SUITE 102  
City-State-Zip: MIAMI LAKES FL 33016

Title PD  
Name MEDINA, MARIA M.D.  
Address 1052 S.W. 78 PL..  
City-State-Zip: MIAMI FL 33172

Title TD  
Name SELEM, MAGALI MD.  
Address 640 MINORCA AVE.  
City-State-Zip: CORAL GABLES FL 33134

*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.*

**SIGNATURE:** MAYRA CAPOTE. MD

SD

04/12/2015

Electronic Signature of Signing Officer/Director Detail

Date