

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000072476

**Entity Name:** NORTHWEST PEDIATRIC, INC.

**Current Principal Place of Business:**

646 NW 183RD STREET  
MIAMI, FL 33169

**Current Mailing Address:**

646 NW 183RD STREET  
MIAMI, FL 33169

**FEI Number:** 65-1028500

**Certificate of Status Desired:** No

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

CASTILLO, DENISE  
646 NW 183RD STREET  
MIAMI, FL 33169 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP	Title	P
Name	CASTILLO, CARLOS	Name	CASTILLO, DENISE K
Address	646 NW 183RD STREET	Address	646 NW 183RD STREET
City-State-Zip:	MIAMI FL 33169	City-State-Zip:	MIAMI FL 33169

*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:** DENISE CASTILLO

**ADMINISTRATOR**

**03/20/2014**

Electronic Signature of Signing Officer/Director Detail

Date