

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000049866

**Entity Name:** UNIVERSITY PEDIATRICS CENTER, INC.

**Current Principal Place of Business:**

2301 N. UNIVERSITY DR  
SUITE# 107  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

2301 N. UNIVERSITY DR STE 107  
PEMBROKE PINES, FL 33024

**FEI Number: 65-0591359**

**Certificate of Status Desired: No**

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

BRILLANTE, JACINTHA  
2301 N. UNIVERSITY DR., SUITE 107  
PEMBROKE PINES, FL 33024 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           | PST                             | Title           | VPD                             |
| Name            | BRILLANTE, JACINTHA             | Name            | BRILLANTE, JACINTHA             |
| Address         | 2301 N. UNIVERSITY DR., STE.107 | Address         | 2301 N. UNIVERSITY DR., STE.107 |
| City-State-Zip: | PEMBROKE PINES FL 33024         | City-State-Zip: | PEMBROKE PINES FL 33024         |

*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: JACINTHA BRILLANTE**

**PST**

**02/28/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date