2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060988

Entity Name: PRO STAR PEDIATRICS P.A.

Current Principal Place of Business:

C/O LARITSSA P. COBIAN, M.D.
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810

Current Mailing Address:

C/O LARITSSA P. COBIAN, M.D.
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810

FEI Number: 59-3521364

FILED
Mar 14, 2017
Secretary of State
CC8887790241

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COBIAN, ALBERTO SMR
8701 MAITLAND SUMMIT BLVD.
ORLANDO, FL 32810 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	PSTD	Title	MD
Name	COBIAN, LARITSSA PM.D.	Name	COBIAN, LARITSSA
Address	8701 MAITLAND SUMMIT BLVD.	Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	VICE PRESIDENT	Title	MD
Name	COBIAN, ALBERTO S	Name	COBIAN, LARITSSA
Address	8701 MAITLAND SUMMIT BLVD	Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810
Title	MD	Title	MD
Name	COBIAN, LARITSSA	Name	COBIAN, LARITSSA
Address	8701 MAITLAND SUMMIT BLVD	Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32810

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: ALBERTO S COBIAN MANAGER 03/14/2017

Electronic Signature of Signing Officer/Director Detail Date