

2020 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**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
Name	COBIAN, LARITSSA PM.D.
Address	8701 MAITLAND SUMMIT BLVD.
City-State-Zip:	ORLANDO FL 32810

Title	MD
Name	COBIAN, LARITSSA
Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32810

Title	VICE PRESIDENT
Name	COBIAN, ALBERTO S
Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32810

Title	MD
Name	COBIAN, LARITSSA
Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32810

Title	MD
Name	COBIAN, LARITSSA
Address	8701 MAITLAND SUMMIT BLVD
City-State-Zip:	ORLANDO FL 32810

Title	MD
Name	COBIAN, LARITSSA
Address	8701 MAITLAND SUMMIT BLVD
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**ADMINISTRATOR****01/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date