

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713052

FILED  
Jul 03, 2006  
Secretary of State

**Entity Name:** GREATER MIAMI PEDIATRIC SOCIETY, INC.

**Current Principal Place of Business:**

11400 N KENDALL DR  
A-211  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

11400 N KENDALL DR  
A-211  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 59-0966131      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LLOSA, GUILLERMO  
11400 N KENDAL DR A-211  
MIAMI, FL 33176      US

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

LLOSA, GUILLERMO  
11400 N KENDAL DR A-211  
MIAMI, FL 33176      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: GUILLERMO LLOSA

07/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: MEDINA, FRANCISCO  
Address: 8900 N KENDALL DR  
City-St-Zip: MIAMI, FL 33176

Title: SD      ( ) Delete  
Name: PRESS, SHIRLEY  
Address: 1611 NW 12 AVE  
City-St-Zip: MIAMI, FL 33136

Title: P      ( ) Delete  
Name: VALDES, ERNESTO  
Address: 1550 MADRUGA AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: TD      ( ) Delete  
Name: LLOSA, GUILLERMO J  
Address: 11400 N KENDALL DR A-211  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GUILLERMO LLOSA

DR.

07/03/2006

Electronic Signature of Signing Officer or Director

Date