2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# 713052

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 J M.D.
11400 N KENDAL DR A-211
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EGUSQUIZA, JULIO C M.D.
Address: 7100 W. 20TH. AVE. #609
City-St-Zip: HIALEAH, FL 33016

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

Title: D ( ) 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 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 J. LLOSA TD 05/12/2008

Electronic Signature of Signing Officer or Director — Date