

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 759152

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** CUBAN PEDIATRIC SOCIETY, INC.

**Current Principal Place of Business:**

15495 EAGLE NEST LANE  
SUITE 120  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

14400 N.W. 77TH CT.  
SUITE 102  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

P.O. BOX 558988  
MIAMI, FL 33255

**New Mailing Address:**

**FEI Number:** 65-0285587

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAPOTE, MAYRA F MD  
3175 SW 113TH COURT  
MIAMI, FL 33165 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: SD  
Name: CAPOTE, M.D. M  
Address: 3175 SW 113TH COURT  
City-St-Zip: MIAMI, FL 33165

Title: PD  
Name: OTERO, EDUARDO M.D.  
Address: 2110 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD  
Name: SELEM, MAGALI MD.  
Address: 640 MINORCA AVE.  
City-St-Zip: CORAL GABLES, FL 33134

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAYRA F. CAPOTE MD

SD

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date