

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759152

FILED  
Apr 21, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**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:**

CAPOTE, MAYRA F MD  
14400 NW 77 CT., SUITE 102  
MIAMI LAKES, FL 33016 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: MAYRA F. CAPOTE, MD

04/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: CAPOTE, M.D. M  
Address: 14400 NW 77 CT., SUITE 102  
City-St-Zip: MIAMI LAKES, FL 33016

Title: PD  
Name: MEDINA, MARIA M.D.  
Address: 1052 S.W. 78 PL..  
City-St-Zip: MIAMI, FL 33172

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

04/21/2012

Electronic Signature of Signing Officer or Director

Date