

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79213

FILED
Jan 08, 2009
Secretary of State

Entity Name: PALM BEACH PEDIATRICS, P.A.

Current Principal Place of Business:

% DANIEL P. KRAFT
5063 10 AVE. NORTH
GREENACRES, FL 33463

Current Mailing Address:

5063 10TH AVE N
GREENACRES, FL 33463 US

New Principal Place of Business:

% DANIEL P. KRAFT, MD
5063 10TH AVE. N.
GREENACRES, FL 33463

New Mailing Address:

5063 10TH AVE. N.
GREENACRES, FL 33463 US

FEI Number: 59-2724116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT, DANIEL P.
5063 10TH AVE. NORTH
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

KRAFT, DANIEL P MD
5063 10TH AVE. N.
GREENACRES, FL 33463 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: DANIEL P. KRAFT, MD

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MPA () Delete
Name: KRAFT, DANIEL P.,
Address: 5063 10TH AVE. NORTH
City-St-Zip: GREENACRES, FL 33463

Title: V () Delete
Name: BELL, TIMOTHY C
Address: 5063 10TH AVE. NORTH
City-St-Zip: GREENACRES, FL 33463

Title: V () Delete
Name: FOX, SHANNON J
Address: 5063 10TH AVE. NORTH
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KRAFT, DANIEL P MD
Address: 5063 10TH AVE. N.
City-St-Zip: GREENACRES, FL 33463

Title: VP (X) Change () Addition
Name: BELL, TIMOTHY C MD
Address: 5063 10TH AVE. N.
City-St-Zip: GREENACRES, FL 33463

Title: ST (X) Change () Addition
Name: FOX-LEVINE, SHANNON J MD
Address: 5063 10TH AVE. N.
City-St-Zip: GREENACRES, FL 33463

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

SIGNATURE: DANIEL P. KRAFT, MD

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date