

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45601

FILED  
Jun 12, 2008  
Secretary of State

Entity Name: PALM SPRINGS PEDIATRIC ASSOCIATES, P.A.

## Current Principal Place of Business:

% AUSBERTO HIDALGO  
1840 W. 49TH ST, STE 514  
HIALEAH, FL 33012

## New Principal Place of Business:

% AUSBERTO HIDALGO  
5590 WEST 20TH AVE #101  
HIALEAH, FL 33016

## Current Mailing Address:

% AUSBERTO HIDALGO  
1840 W. 49TH ST, STE 514  
HIALEAH, FL 33012

## New Mailing Address:

% AUSBERTO HIDALGO  
5590 WEST 20TH AVE #101  
HIALEAH, FL 33016

FEI Number: 65-0087411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HIDALGO, AUSBERTO  
1840 W. 49TH ST  
SUITE 514  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

HIDALGO, AUSBERTO  
5590 WEST 20TH AVE  
SUITE 101  
HIALEAH, 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: \_\_\_\_\_

06/12/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HIDALGO, AUSBERTO,  
Address: 1840 W. 49TH ST #514  
City-St-Zip: HIALEAH, FL 33012

Title: D ( ) Delete  
Name: VENECIA HIDALGO,  
Address: 7225 GLEN EAGLE DRIVE  
City-St-Zip: HIALEAH, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HIDALGO, AUSBERTO,  
Address: 5590 WEST 20TH AVE #101  
City-St-Zip: HIALEAH, FL 33016

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

SIGNATURE: AUSBERTO HIDALGO

PR

06/12/2008

Electronic Signature of Signing Officer or Director

Date