

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45601

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** PALM SPRINGS PEDIATRIC ASSOCIATES, PA

**Current Principal Place of Business:**

17901 NW 5TH STREET  
STE 103  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17901 NW 5TH STREET  
STE 103  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**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 MD  
5590 W 20TH AVE STE 100  
HIALEAH, FL 33016 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: PD  
Name: HIDALGO, AUSBERTO MD  
Address: 5590 W 20TH AVE STE 100  
City-St-Zip: HIALEAH, FL 33016

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

SIGNATURE: AUSBERTO HIDALGO

P

02/14/2012

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

\_\_\_\_\_  
Date