

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L15452

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** BOCA PEDIATRIC GROUP, P.A.

**Current Principal Place of Business:**

5458 TOWN CENTER RD  
SUITE # 20  
BOCA RATON, FL 33486 10

**New Principal Place of Business:**

**Current Mailing Address:**

5458 TOWN CENTER RD  
SUITE # 20  
BOCA RATON, FL 33486 10

**New Mailing Address:**

**FEI Number:** 65-0142838      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PASCUZZI, DAVID J ESQ.  
SCHWARTZ & HORWITZ, P.A.  
6751 NORTH FEDERAL HWY, SUITE 400  
BOCA RATON, FL 33487 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: PSTD  
Name: LUCHTAN, ALBERTO, M.D.  
Address: 5458 TOWN CENTER RD  
City-St-Zip: BOCA RATON, FL 33486 10

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: DIANA M LUCHTAN

MANA

01/05/2011

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

\_\_\_\_\_ Date