

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92124

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: THE PEDIATRIC CENTER, INC.

## Current Principal Place of Business:

10111 W FOREST HILL BLVD.  
S-340  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

10111 W FOREST HILL BLVD.  
S-340  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 65-0214457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARINEAU, SHIRLEY ALICE  
10111 W FOREST HIL BLVD.  
S-340  
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MARINEAU, SHIRLEY A MD  
Address: 10111 W FOREST HILL BLVD #340  
City-St-Zip: WELLINGTON, FL

Title: VP ( ) Delete  
Name: SHAMASKIN, SUSAN M DO  
Address: 10111 W FOREST HILL BLVD #340  
City-St-Zip: WELLINGTON, FL

Title: S ( ) Delete  
Name: CLARK, STACEY A MD  
Address: 10111 W FOREST HILL BLVD, SUITE #340  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: KHOSRAVANI, ALI  
Address: 10111 FOREST HILL BLVD., #340  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: SHAMASKIN, SUSAN M DO  
Address: 10111 W FOREST HILL BLVD #340  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SUSAN M. SHAMASKIN

VP

01/07/2008

Electronic Signature of Signing Officer or Director

Date