

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92124

FILED
Jan 05, 2011
Secretary of State

Entity Name: THE PEDIATRIC CENTER, INC.

Current Principal Place of Business:

10111 W FOREST HILL BLVD., #340
WELLINGTON, FL 33414

New Principal Place of Business:

1447 MEDICAL PARK BLVD.
402
WELLINGTON, FL 33414

Current Mailing Address:

10111 W FOREST HILL BLVD., #340
WELLINGTON, FL 33414

New Mailing Address:

1447 MEDICAL PARK BLVD
402
WELLINGTON, FL 33414

FEI Number: 65-0214457

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAMASKIN, SUSAN M DO
10111 W FOREST HIL BLVD. #340
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SHAMASKIN, SUSAN M DO
1447 MEDICAL PARK BLVD
402
WELLINGTON, FL 33414 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: SUSAN SHAMASKIN

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SHAMASKIN, SUSAN M DO
Address: 1447 MEDICAL PARK BLVD SUITE 402
City-St-Zip: WELLINGTON, FL 33414

Title: VP
Name: CLARK, STACEY A MD
Address: 1447 MEDICAL PARK BLVD SUITE 402
City-St-Zip: WELLINGTON, FL 33414

Title: ST
Name: KHOSRAVANI, ALI
Address: 1447 MEDICAL PARK BLVD SUITE 402
City-St-Zip: WELLINGTON, FL 33414

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: SUSAN SHAMASKIN

MGR

01/05/2011

Electronic Signature of Signing Officer or Director

Date