


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L99753</b> 1. Entity Name <b>PEDIATRIC NETWORK HOLDING CORPORATION</b>	
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Principal Place of Business <b>8585 SUNSET DRIVE WEST ATRIUM MIAMI, FL 33143</b>	Mailing Address <b>8585 SUNSET DRIVE WEST ATRIUM MIAMI, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MARSHALL R. PASTERNAK, P.A. 200 S. BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORMAN, LAWRENCE S. 8585 SUNSET DR. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHWARTZMAN, MORTON 5305 S.W. 111 TERRACE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BORNSTEIN, JOAN 8440 SW 84 TERRACE #10 MIAMI, FL
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LAWRENCE S. FORMAN, PRESIDENT** Daytime Phone # **305-595-8232**