

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99753

FILED
Apr 14, 2009
Secretary of State

Entity Name: PEDIATRIC NETWORK HOLDING CORPORATION

Current Principal Place of Business:

11428 SW 109TH RD
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11428 SW 109TH RD
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0225807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, DAVID
11428 SW 109TH RD
MIAMI, FL 33176 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: PD () Delete
Name: FORMAN, LAWRENCE S
Address: 11428 SW 109TH RD
City-St-Zip: MIAMI, FL 33176

Title: STD () Delete
Name: SCHWARTZMAN, MORTON
Address: 5305 S.W. 111 TERRACE
City-St-Zip: FT. LAUDERDALE, FL

Title: VPD () Delete
Name: BORNSTEIN, JOAN
Address: 8440 SW 84 TERRACE #40
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: SCHWARTZMAN, MORTON
Address: 5305 SW 111 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: VPD (X) Change () Addition
Name: BORNSTEIN, JOAN
Address: 8440 SW 84 TERRACE #40
City-St-Zip: MIAMI, FL 33143

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: LAWRENCE FORMAN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date