

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M19530

FILED
Jan 13, 2005
Secretary of State

Entity Name: PEDIATRIC CRITICAL CARE OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

157 DOCKSIDE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

157 DOCKSIDE CIRCLE
WESTON, FL 33327

New Mailing Address:

FEI Number: 59-2567276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREISSMAN, ALLAN
157 DOCKSIDE CIRCLE
WESTON, FL 33327 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: GREISSMAN, ALLAN
Address: 157 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: ST () Delete
Name: LAVADOSKY, GERALD
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: LAVANDOSKY, GERALD
Address: 3501 JOHNSON STREET
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALLAN GREISSMAN, MD

PRES

01/13/2005

Electronic Signature of Signing Officer or Director

Date