

**2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 25, 2005**  
**Secretary of State**

DOCUMENT# N02000003547

**Entity Name:** FOUNDATION FOR PEDIATRIC EMERGENCY CARE, DEVELOPMENT & RESEARCH CORP.**Current Principal Place of Business:**13302 LAKEPOINTE CIRCLE  
COOPER CITY, FL 33330 US**New Principal Place of Business:**5722 S. FLAMINGO ROAD  
#299  
FORT LAUDERDALE, FL 33330 US**Current Mailing Address:**5722 S. FLAMINGO ROAD  
#299  
COOPER CITY, FL 33330 US**New Mailing Address:**5722 S. FLAMINGO ROAD  
#299  
FORT LAUDERDALE, FL 33330 US**FEI Number:** 47-0875027**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BLUMENREICH, ROBERT  
13302 LAKEPOINTE CIRCLE  
COOPER CITY, FL 33330 US**Name and Address of New Registered Agent:**CHAMBERS, LINCOLN  
7575 NW 44TH STREET  
FORT LAUDERDALE, FL 33319 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: LINCOLN CHAMBERS

07/25/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** D ( ) Delete  
**Name:** BLUMENREICH, ROBERT E DR.  
**Address:** 13302 LAKEPOINTE CIRCLE  
**City-St-Zip:** COOPER CITY, FL 33330**Title:** O ( ) Delete  
**Name:** CHAMBERS, LINCOLN MR.  
**Address:** 7575 NW 44TH ST #401  
**City-St-Zip:** FORT LAUDERDALE, FL 33319**Title:** D ( ) Delete  
**Name:** MAURO, SALVATORE J MR.  
**Address:** 8050 CLEARY BLVD  
**City-St-Zip:** PLANTATION, FL 33324**Title:** O ( ) Delete  
**Name:** HERNANDEZ, JUAN  
**Address:** 5938 S. RUE ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33415**Title:** O ( ) Delete  
**Name:** HELLERER, TRACEY  
**Address:** 5202 CANNON WAY  
**City-St-Zip:** WEST PALM BEACH, FL 33415**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** O (X) Change ( ) Addition  
**Name:** BLUMENREICH, ROBERT E DR.  
**Address:** 5722 S. FLAMINGO ROAD  
**City-St-Zip:** COOPER CITY, FL 33330**Title:** O (X) Change ( ) Addition  
**Name:** CHAMBERS, LINCOLN MR.  
**Address:** 7575 NW 44TH ST  
**City-St-Zip:** FORT LAUDERDALE, FL 33319**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINCOLN CHAMBERS

O

07/25/2005

Electronic Signature of Signing Officer or Director

Date