

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 26, 2005
Secretary of State

DOCUMENT# N02000003547

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

OFFICERS AND DIRECTORS:**Title:** O (X) Delete
Name: BLUMENREICH, ROBERT E DR.
Address: 5722 S. FLAMINGO ROAD
City-St-Zip: COOPER CITY, FL 33330**Title:** O () Delete
Name: CHAMBERS, LINCOLN MR.
Address: 7575 NW 44TH ST
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:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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

07/26/2005

Electronic Signature of Signing Officer or Director

Date