2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 01, 2008
Secretary of State

DOCUMENT# N07000003318

Entity Name: PEDIATRIC ASSOCIATES FOUNDATION, INC.

Current Principal Place of Business:

400 N HIATUS RD.
SUITE 105
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

400 N HIATUS RD.
SUITE 105
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

KRIGER, ALBERTO I MD
400 N. HIATUS ROAD
105
PEMBROKE PINES, FL 33026 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: ALBERTO I KRIGER 12/01/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KRIGER, ALBERTO
Address: 400 N HIATUS RD., SUITE 105
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: URENA, CRISTINA
Address: 400 N. HIATUS RD., SUITE 105
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D ( ) Delete
Name: KHAN, SOPHIA
Address: 400 N. HIATUS RD., SUITE 105
City-St-Zip: PEMBROKE PINES, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: URENA, CHRISTINA
Address: 400 N. HIATUS RD., SUITE 105
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: D (X) Change ( ) Addition
Name: KHAN, SOFIA
Address: 400 N. HIATUS RD., SUITE 105
City-St-Zip: PEMBROKE PINES, FL 33026 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO I KRIGER MD 12/01/2008
Electronic Signature of Signing Officer or Director Date