

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001925

FILED
Apr 14, 2009
Secretary of State

Entity Name: PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY GROUP, INC.

Current Principal Place of Business:

801 WEST M L KING JR BLVD
TAMPA, FL 33615 US

New Principal Place of Business:

205 WEST M L KING JR BLVD
SUITE 103
TAMPA, FL 33615 US

Current Mailing Address:

801 WEST M L KING JR BLVD
PALM HARBOR, FL 33603 US

New Mailing Address:

205 WEST M L KING JR BLVD
SUITE 103
TAMPA, FL 33615 US

FEI Number: 59-3178616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HABAL, MUTAZ B
801 WEST M.L. KING BLVD
TAMPA BAY CRANIO-FACIAL CENTER
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

HABAL, MUTAZ B
205 WEST M.L. KING BLVD
SUITE 103
TAMPA, FL 33603 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:

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUGGINO, GIACOMO
Address: 3115 SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: STD () Delete
Name: HABAL, MUTAZ
Address: 801 W M. L. KING BLVD
City-St-Zip: TAMPA, FL 33603

Title: VD () Delete
Name: FERANDADA, JOSE
Address: 5106 N. ARMENIA AVE #5
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: AGLIANO, DENNIS S
Address: 4600 N. HABANA AVE #23
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: HABAL, MUTAZ
Address: 205 W M. L. KING BLVD, #103
City-St-Zip: TAMPA, FL 33603

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

Title: VD (X) Change () Addition
Name: AGLIANO, DENNIS S
Address: 5105 N. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33614

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: MUTAZ B. HABAL

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date