2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000003784

Entity Name: PEDROSO PEDIATRICS P.A.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

115 SOUTH 17TH AVE HOLLYWOOD, FL 33020 117 SOUTH 17TH AVE HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020

Current Mailing Address: New Mailing Address:

115 SOUTH 17TH AVE HOLLYWOOD, FL 33020 117 SOUTH 17TH AVE HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020

FEI Number: 65-0974315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEDROSO, MANUEL MD
115 SOUTH 17TH AVENUE
HOLLYWOOD, FL 33020 US
PEDROSO, MANUEL MD
117 SOUTH 17TH AVENUE
HOLLYWOOD, FL 33020 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: MANUEL PEDROSO 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 PEDROSO, MD, MANUEL
 Name:
 PEDROSO, MD, MANUEL

 Address:
 115 S 17TH AVE
 Address:
 117 S 17TH AVE

City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: HOLLYWOOD, FL 33020

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

SIGNATURE: MANUEL PEDROSO P 04/30/2009