

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000009345

1. Entity Name
C D R S PEDIATRICS M.D.'S, P.A.



Principal Place of Business
8940 N. KENDALL DRIVE
SUITE 603
MIAMI, FL 33176

Mailing Address
8940 N. KENDALL DRIVE
SUITE 603
MIAMI, FL 33176



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0983006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KATES, LESTER G ESQ.
2655 LEJEUNE ROAD
SUITE 807
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CHACON, ARCENIO MD
STREET ADDRESS 8940 N KENDALL DRIVE STE 603E
CITY-ST-ZIP MIAMI, FL 33176

TITLE ST
NAME DAGHISTANI, DOURED MD
STREET ADDRESS 8940 N KENDAL DRIVE STE 603E
CITY-ST-ZIP MIAMI, FL 33176

TITLE O
NAME SAN JORGE, ANTONIA MD
STREET ADDRESS 8940 N KENDALL DRIVE DRIVE 603E
CITY-ST-ZIP MIAMI, FL 33176

TITLE O
NAME JERONIMO, RAMIREZ MD
STREET ADDRESS 8940 N KENDALL DRIVE STE 603E
CITY-ST-ZIP MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000322992
04/22/05-80037-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-18-05 (305) 274-1662