2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 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	Mailing Address
8940 N. KENDALL DRIVE SUITE 603 MIAMI, FL 33176	8940 N. KENDALL DRIVE SUITE 603 MIAMI, FL 33176

01232006 No Chg-P CR2E034 (11/05)

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
SUIE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000408557
02/08/06-80062-021 150.00

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 01-26-06 (305) 274-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #