

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 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
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	U000000590459 01/18/07-80056-010 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHACON, ARGENIO MD 8940 N KENDALL DRIVE STE 603E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAGHISTANI, DOURED MD 8940 N KENDALL DRIVE STE 603E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O SAN JORGE, ANTONIA MD 8940 N KENDALL DRIVE DRIVE 603E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O JERONIMO, RAMIREZ MD 8940 N KENDALL DRIVE STE 603E MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ 1/10/7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #