2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# P00000009345

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

Current Principal Place of Business:

8940 N. KENDALL DRIVE
SUITE 603
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8940 N. KENDALL DRIVE
SUITE 603
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0983006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHACON, ARCENIO MD
Address: 8940 N KENDALL DRIVE STE 603E
City-St-Zip: MIAMI, FL 33176

Title: ST ( ) Delete
Name: DAGHISTANI, DOURED MD
Address: 8940 N KENDAL DRIVE STE 603E
City-St-Zip: MIAMI, FL 33176

Title: O ( ) Delete
Name: SAN JORGE, ANTONIA MD
Address: 8940 N KENDALL DRIVE DRIVE 603E
City-St-Zip: MIAMI, FL 33176

Title: O ( ) Delete
Name: JERONIMO, RAMIREZ MD
Address: 8940 N KENDALL DRIVE STE 603E
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ARCENIO CHACON, MD P 02/02/2009

Electronic Signature of Signing Officer or Director — Date