

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000046609

FILED
Apr 28, 2005
Secretary of State

Entity Name: COMPREHENSIVE PEDIATRIC SERVICRS II, INC

Current Principal Place of Business:

2700 W ATLANTIC BLVD
102A
POMPANO BEACH, FL 33069

New Principal Place of Business:

4252 NW 55TH PLACE
COCONUT CREEK, FL 33069

Current Mailing Address:

4252 NW 55TH PLACE
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 65-1012918 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DRAYTON, SHERRI
4252 NW 55TH PLACE
COCONUT CREEK, FL 33073 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: PD () Delete
Name: DRAYTON, SHERRI
Address: 4252 NW 55TH PLACE
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHERRI DRAYTON

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date