

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057282

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** MY CHILDREN'S DOCTOR, P.A.

**Current Principal Place of Business:**

3155 HARBOR BLVD  
#101  
PT CHARLOTTE, FL 33952

**New Principal Place of Business:**

2484 CARING WAY  
SUITE D  
PT CHARLOTTE, FL 33952

**Current Mailing Address:**

3155 HARBOR BLVD  
#101  
PT CHARLOTTE, FL 33952

**New Mailing Address:**

2484 CARING WAY  
SUITE D  
PT CHARLOTTE, FL 33952

**FEI Number:** 65-1022974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, LUIS R  
3155 HARBOR BLVD  
#101  
PT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

RODRIGUEZ, LUIS R  
2484 CARING WAY  
SUITE D  
PT CHARLOTTE, FL 33952 US

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:**

01/08/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DR  
**Name:** RODRIGUEZ, LUIS R  
**Address:** 2161 ALDWORTH ST.  
**City-St-Zip:** PT. CHARLOTTE, FL 33980

I hereby 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 all other like empowered.

**SIGNATURE:** LUIS R RODRIGUEZ

DR

01/08/2010

Electronic Signature of Signing Officer or Director

Date