

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 023 ***150.00



DOCUMENT # P00000067288
 1. Entity Name
 PEDS CARE, P.A.

Principal Place of Business Mailing Address
 PEDS CARE PA PEDS CARE PA
 809 DONNELLY ST P.O. BOX 1407
 MOUNT DORA, FL 32757 MOUNT DORA, FL 32756

2. Principal Place of Business 3. Mailing Address
 1801 SALK AVE Above
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 TAVARES, FL

Zip Country Zip Country
 32778

01312004 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
 59-3658435 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
 SWIGERT, BRETT L P.A.
 1700 LAKE TERR. DR
 EUSTIS, FL 32726

7. Name and Address of New Registered Agent
 Name Swigert, Brett L.P.A.
 Street Address (P.O. Box Number is Not Acceptable) 1801 SALK AVE
 City TAVARES FL Zip Code 32778

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, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, MARIA CRISTINA 1700 LAKE TERR. DR EUSTIS, FL 32726 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDFAAD Soto Maria Cristina P.O. Box 1407 Mt. Dora FL 32756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: h. et pds Date: 4-2-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #