


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2005 8:00 am
Secretary of State


05-03-2005 90099 040 ***150.00

DOCUMENT # P00000067288 1. Entity Name PEDS CARE, P.A.	
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Principal Place of Business 1801 SALK AVE TAVARES, FL 32778	Mailing Address PEDS CARE PA P.O. BOX 1407 MOUNT DORA, FL 32756
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DO NOT WRITE IN THIS SPACE

66021474



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3658435	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWIGERT, BRETT L P.A.
1801 SALK AVE
TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

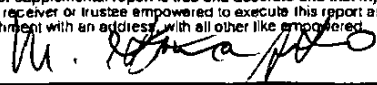
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOTO, MARIA CRISTINA PO BOX 1407 MOUNT DORA, FL 32756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  **5/31/05** **352-742-2585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #