


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90219 016 \*\*\*150.00

**DOCUMENT # P00000089295**

1. Entity Name  
 CORAL WAY PEDIATRICS, INC.



Principal Place of Business 1920 CORAL WAY MIAMI, FL 33145	Mailing Address 1920 CORAL WAY MIAMI, FL 33145
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**DO NOT WRITE IN THIS SPACE**



04132008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1041024	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARANDIARAN, NORA  
 1920 CORAL WAY  
 MIAMI, FL 33145

**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: *Nora Barandiaran* DATE: 4/14/08

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAVO, BELKYS 600 SW 24TH ROAD MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARANDIARAN, NORA 600 SW 24TH ROAD MIAMI, FL 33129
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Nora Barandiaran* DATE: 4/14/08 DAYTIME PHONE #: 305 250 9910

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