


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90164 037 \*\*\*150.00

<b>DOCUMENT # P00000114975</b>	
1. Entity Name <b>PINECREST PEDIATRICS, P.A.</b>	

Principal Place of Business <b>18590 NW 67 AVE SUITE 101 MIAMI FL 33015</b>	Mailing Address <b>PO BOX 590773 MIAMI FL 33159</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 566417</b> Suite, Apt. #, etc.	
City & State		City & State <b>Miami, FL</b>	
Zip <b>33256-6417</b>	Country	Zip <b>33256-6417</b>	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-1065366</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>FUENTES, LORRAINE MD 18590 NW 67 AVENUE SUITE 101 MIAMI FL 33015</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FUENTES, LORRAINE MD 18590 NW 67 AVENUE, SUITE 101 MIAMI FL 33015 <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 exemptions contained in Section 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 the empowered.

SIGNATURE: Lorraine Fuentes **Lorraine Fuentes** **2-26-06** **305 819-8633**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #