2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# P00000114975

Entity Name: PINECREST PEDIATRICS, P.A.

Current Principal Place of Business:

18590 NW 67 AVE
SUITE 101
MIAMI, FL 33015

New Principal Place of Business:

18590 NW 67 AVENUE
SUITE 101
MIAMI, FL 33015

Current Mailing Address:

PO BOX 566417
MIAMI, FL 332566417

New Mailing Address:

FEI Number: 65-1065366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUENTES, LORRAINE MD
18590 NW 67 AVENUE
SUITE 101
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: FUENTES, LORRAINE MD
Address: 18590 NW 67 AVENUE, SUITE 101
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORRAINE FUENTES PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date