

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115849

FILED
Feb 25, 2009
Secretary of State

Entity Name: PEDIATRIC SERVICES AND BREATHING CENTER, P.A.

Current Principal Place of Business:

1400 US HWY 441 NORTH BLDG 940
STE 942
THE VILLAGES, FL 32159

New Principal Place of Business:

Current Mailing Address:

1400 US HWY 441 NORTH
STE 942
THE VILLAGES, FL 32159

New Mailing Address:

FEI Number: 59-3681725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBINO, NORMARIE MD
1400 US HWY 441 NORTH STE 940
STE 942
THE VILLAGES, FL 32159 US

Name and Address of New Registered Agent:

ALBINO, NORMARIE MD
1400 US HWY 441 NORTH BLDG 940
STE 942
THE VILLAGES, FL 32159 US

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:

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONTANEZ, OSCAR
Address: URB VILLA CAROLINA BLOQUE 124-6 69TH ST
City-St-Zip: CAROLINA, PR 00985 OC

Title: D () Delete
Name: ALBINO, NORMARIE
Address: 36200 GRAY'S AIRPORT RD
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: GONZALEZ, MAYRA
Address: PORTICOS DE CUPEY PO BOX 7203
City-St-Zip: SAN JUAN, PR 00926 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NORMARIE M. ALBINO

MD

02/25/2009

Electronic Signature of Signing Officer or Director

Date