

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010220

Entity Name: M & M PEDIATRICS, P.A.

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

17765 SW 2ND STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18503 PINES BLVD.
SUITE 212
PEMBROKE PINES, FL 33029

Current Mailing Address:

17765 SW 2ND STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

18503 PINES BLVD.
SUITE 212
PEMBROKE PINES, FL 33029

FEI Number: 65-1063833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LHOTA, DAVID P ESQ
STEARNS WEAVER MILLER WEISSLER ALHADEF & S
200 EAST BROWARD BLVD STE 1900
FT LAUDERDALE, FL 33301 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: D () Delete
Name: MAYORGA VASQUEZ, MARTHA L
Address: 17765 SW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MAYORGA VASQUEZ, MARTHA L
Address: 18503 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTHA MAYORGA VASQUEZ

MD

04/28/2006

Electronic Signature of Signing Officer or Director

Date