


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P01000027634 |  |
| 1. Entity Name PEDIATRIC WEIGHT MANAGEMENT ASSOCIATES, INC. | |

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| Principal Place of Business 11921 S. DIXIE HWY. SUITE 201 MIAMI, FL 33156 | Mailing Address 11921 S. DIXIE HWY. SUITE 201 MIAMI, FL 33156 |
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01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-1086761 | Applied For Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent REIMON, PEDRO C 10521 S.W. 127TH STREET MIAMI, FL 33173 |
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 | D REIMON, PEDRO C 10521 S.W. 127TH STREET MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RODRIGUEZ, ANTONIO M 5901 S.W. 104TH STREET MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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01/20/04-80018-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  1/14/04 (305) 969-2860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #