

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000048804

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** PEDIATRIC CENTER FOR COMMUNICATION & FEEDING DEFICIENCIES, INC.

**Current Principal Place of Business:**

10300 SW 72 STREET  
#280  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SW 72 STREET  
#280  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 65-1104075      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MUNOZ, MARIA TERESA H PD  
14415 N KENDALL DR #G-108  
MIAMI, FL 33186 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:** PD  
**Name:** MUNOZ, MARIA TERESA H  
**Address:** 14415 N KENDALL DR #G-108  
**City-St-Zip:** MIAMI, FL 33186

I hereby 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 all other like empowered.

**SIGNATURE:** MARIA TERESA H MUNOZ

PD

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date