

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074615

Entity Name: PEDIATRIC MOBILITY, INC.

FILED  
Jul 18, 2008  
Secretary of State

## Current Principal Place of Business:

2398 SW INDIGO LANE  
PORT SAINT LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 8284  
PT ST LUCIE, FL 349858284

## New Mailing Address:

FEI Number: 65-1125981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DUAH, EVELYN  
2398 SW INDIGO LN  
PT ST LUCIE, FL 34953 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: DUAH, EVELYN  
Address: 2398 SW INDIGO LN  
City-St-Zip: PT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: DUAH, JOSEPH  
Address: 2398 SW INDOGO LN  
City-St-Zip: PT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EVELYN DUAH

DIR

07/18/2008

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

\_\_\_\_\_  
Date