

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009145

**FILED**  
**Jul 02, 2007**  
**Secretary of State**

**Entity Name:** PEDIATRIC AND FAMILY URGENT CARE CENTERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

705 EAST 26TH STREET  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

705 EAST 26TH STREET  
HIALEAH, FL 33013

**New Mailing Address:**

FEI Number: 80-0030421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PENABAD, EDGARDO  
705 E. 26ST  
HIALEAH, FL 33013 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PENABAD, EDGARDO  
Address: 1015 COUNTRY CLUB PAADO  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: FOX, TERESITA  
Address: 1015 COUNTRY CLUB PRADO  
City-St-Zip: CORAL GABLES, FL 33134

**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: EDGARDO PENABAD

PD

07/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date