
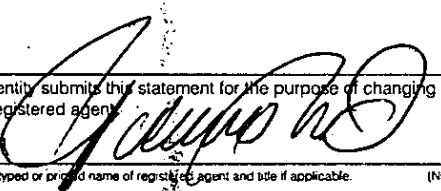
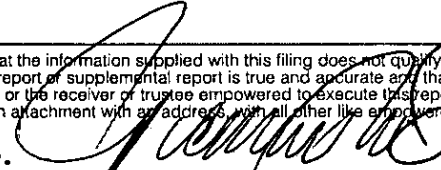


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90036 005 ***150.00

DOCUMENT # P02000013096 1. Entity Name PEDIATRIC CLINICS OF SOUTH FLORIDA, INC.			
Principal Place of Business 777 E. 25TH ST. STE., # 514 HIALEAH, FL 33013		Mailing Address 777 E. 25TH ST. STE., #514 HIALEAH, FL 33013	
2. Principal Place of Business 344 W. 65th St		3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc. Suite #203		Suite, Apt. #, etc. 	
City & State Hialeah, Florida		City & State 	
Zip 33012		Zip 	
Country 		Country 	
6. Name and Address of Current Registered Agent VICIOSO, RAFAEL N 777 E. 25TH ST. STE., #514 HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name Rafael N. Vicioso Street Address (P.O. Box Number is Not Acceptable) 344 W. 65th St., #203 City Hialeah FL Zip Code 33012	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VICIOSO, RAFAEL N 777 E. 25TH ST. STE., #514 HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Rafael N. Vicioso 344 W. 65th St., #203 Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIDALGO, AUSBERTO B 777 E. 25TH ST. STE., #514 HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hidalgo, Ausberto B, 344 W. 65th St., #203 Hialeah, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/21/05 (786) 413-6910 <small>Date Daytime Phone #</small>	