

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056553

FILED
Apr 28, 2007
Secretary of State

Entity Name: BIOTERRORISM AND INFECTIOUS DISEASE CENTER FOR PEDIATRICS, INC.

Current Principal Place of Business:

2506 PONCE DE LEON BLVD.
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 561823
MIAMI, FL 33156

New Mailing Address:

FEI Number: 02-0599576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENOIR, ANNA
2506 PONCE DE LEON BLVD
MIAMI, FL 33134 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: P () Delete
Name: LENOIR, ALLEN A M.D.
Address: 2506 PONCE DE LEON
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LENOIR, ANNA E
Address: 2506 PONCE DE LEON BLVD.
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: ANNA LENOIR

VP

04/28/2007

Electronic Signature of Signing Officer or Director

Date