2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086566

FILED Apr 30, 2004 Secretary of State

Entity Name: MONTER PEDIATRICS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7620 GUNN HIGHWAY SUITE 190 TAMPA, FL 33625 **New Mailing Address: Current Mailing Address:** 7620 GUNN HIGHWAY SUITE 190 TAMPA, FL 33625 FEI Number: 11-3649440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PORCELLI, JOSEPH A ROTHBURD, CRAIG ESQ 36235 US HIGHWAY 19 NORTH 808 W. DELÉON STREET TAMPA, FL 33606 PALM HARBOR, FL 34684 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: CRAIG ROTHBURD 04/30/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition VALDES, TERESA M Name: Name: 7620 GUNN HIGHWAY, SUITE 190 Address: Address: TAMPA, FL 33625 City-St-Zip: City-St-Zip: Title: VTD Title: () Delete () Change () Addition Name: VALDES, TERESA M Name: 7620 GUNN HIGHWAY, SUITE 190 Address: Address: **TAMPA, FL 33625** City-St-Zip: City-St-Zip: Title: Title: () Delete SEC () Change (X) Addition HAAG, STEVEN B Name: Name: 7620 GUNN HIGHWAY, SUITE 190 Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33625 Title: () Delete Title: **TRES** () Change (X) Addition HAAG, STEVEN B Name: Name: Address: Address: 7620 GUNN HIGHWAY, SUITE 190 City-St-Zip: City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERESA VALDES PRES 04/30/2004