2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 16, 2004 8:00 am **DOCUMENT # P02000134142** Secretary of State LOWER KEYS PEDIATRIC SERVICES, INC. 04-16-2004 90128 038 ***150.00 Mailing Address Principal Place of Business 7700 N KENDALL DR. #405 7700 N KENDALL DR, #405 MIAMI, FL 33156 MIAMI, FL 33156 04132004 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0759142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LEITMAN, LORN 7700 N KENDALL DR, #405 MIAMI, FL 33156 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITE LEITMAN, LORN NAME STREET ADDRESS 7700 N KENDALL DR. #405 MIAMI, FL 33156 CITY-ST-7IP TITLE NAME STREET ADDRESS CfTY-ST-ZIP NAME -STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TIRE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP