

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90057 047 ***150.00

DOCUMENT # P02000134142

1. Entity Name
LOWER KEYS PEDIATRIC SERVICES, INC.



Principal Place of Business
7700 N KENDALL DR, #405
MIAMI, FL 33156

Mailing Address
7700 N KENDALL DR, #405
MIAMI, FL 33156

60008878



2. Principal Place of Business

8660 W. FLAGLER ST
Suite, Apt. #, etc. #200

3. Mailing Address

8660 W. FLAGLER ST
Suite, Apt. #, etc. #200

01102006 Chg-P CR2E034 (11/05)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

01-0759142

Applied For

Not Applicable

Zip 33144

Country USA

Zip 33144

Country USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEITMAN, LORN
7700 N KENDALL DR, #405
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name LORN LEITMAN

Street Address (P.O. Box Number is Not Acceptable)

8660 W. FLAGLER ST, #200

City MIAMI

FL

Zip Code 33144

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
LEITMAN, LORN
7700 N KENDALL DR, #405
MIAMI, FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/06

308-227-5126