

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088849

FILED
Apr 30, 2007
Secretary of State

Entity Name: FLAMINGO PEDIATRICS ACQUISITION CORP.

Current Principal Place of Business:

600 N HIATUS ROAD
SUITE 103
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

600 N HIATUS ROAD
SUITE 103
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-1201154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTRANA, ANDRES
600 N HIATUS ROAD
PEMBROKE PINES, FL 33026 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: D () Delete
Name: PASTRANA, REYNA
Address: 600 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: PASTRANA, ANDRES
Address: 600 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: PASTRANA, MARIA A
Address: 600 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: AARON, JAY
Address: 600 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Delete
Name: GARCIA, HUMBERTO
Address: 600 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D (X) Delete
Name: MIRSKY, ALEXANDRA
Address: 600 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PASTRANA, RAQUEL E
Address: 600 N HIATUS ROAD
City-St-Zip: PEMBROKE PINES, FL 33026

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: ANDRES PASTRANA

D

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date