

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000112276

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** WESTON PEDIATRIC GROUP, P.A.

**Current Principal Place of Business:**

2300 N COMMERCE PARKWAY  
SUITE 310  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

1053 POPLAR CIRCLE  
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** 20-0328704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTE, RAMON S  
19420 WHISPERING PINES ROAD  
MIAMI, FL 33157 US

**Name and Address of New Registered Agent:**

MONTE, RAMON S  
1053 POPLAR CIRCLE  
WESTON, FL 33326 US

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:** RAMON MONTE

01/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PVST  
**Name:** FERNANDEZ, ROSA M  
**Address:** 2300 N COMMERCE PARKWAY, SUITE 310  
**City-St-Zip:** WESTON, FL 33326

I hereby 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 all other like empowered.

**SIGNATURE:** ROSA MONTE FERNANDEZ

DR

01/18/2012

Electronic Signature of Signing Officer or Director

Date