

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119442

Entity Name: L & W PEDIATRICS, P.A.

FILED  
Jan 13, 2005  
Secretary of State

**Current Principal Place of Business:**

4764 SR 64 EAST  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

4949 SR 64 EAST #139  
BRADENTON, FL 34208

**New Mailing Address:**

FEI Number: 02-0709951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HARRISON HENDRICKSON & KIRKLAND PA  
1206 MANATEE AVENUE WEST  
BRADENTON, FL 34205 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: WHTIE, JEFFREY M MD  
Address: 366 FAIRWAY ISLES  
City-St-Zip: BRADENTON, FL 34212

Title: D ( ) Delete  
Name: LOPEZ, GERARDO MD  
Address: 13704 18TH PLACE EAST  
City-St-Zip: BRADENTON, FL 34202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WHITE, JEFFREY M MD  
Address: 366 FAIRWAY ISLES  
City-St-Zip: BRADENTON, FL 34212

Title: D (X) Change ( ) Addition  
Name: LOPEZ, GERARDO MD  
Address: 13704 18TH PLACE EAST  
City-St-Zip: BRADENTON, FL 34212

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: GERARDO LOPEZ, M.D.

D

01/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date