

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000079130

Entity Name: PEDIATRIC WIZARDS, PA

FILED  
Jun 21, 2005  
Secretary of State

## Current Principal Place of Business:

7727 GREENBORO DRIVE  
WEST MELBOURNE, FL 32904

## New Principal Place of Business:

1310 WEST EAU GALLIE BOULEVARD  
SUITE C  
MELBOURNE, FL 32935

## Current Mailing Address:

7727 GREENBORO DRIVE  
WEST MELBOURNE, FL 32904

## New Mailing Address:

1310 WEST EAU GALLIE BOULEVARD  
SUITE C  
MELBOURNE, FL 32935

FEI Number: 41-2138363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELFT, DAVID MD  
7727 GREENBORO DRIVE  
WEST MELBOURNE, FL 32904 US

## Name and Address of New Registered Agent:

HELFT, DAVID A MD  
7727 GREENBORO DRIVE  
WEST MELBOURNE, FL 32904 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: DAVID A. HELFT, MD

06/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HELFT, DAVID MD  
Address: 7727 GREENBORO DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HELFT, DAVID A MD  
Address: 7727 GREENBORO DRIVE  
City-St-Zip: WEST MELBOURNE, FL 32904

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: DAVID A. HELFT, MD

PRES

06/21/2005

Electronic Signature of Signing Officer or Director

Date