2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# P04000095040

Entity Name: PEDIATRIA PEDIATRICS, INC.

Current Principal Place of Business:

7599 CITRUS HILL LN
NAPLES, FL 34109

New Principal Place of Business:

501 GOODLETTE ROAD, N.
B-106
NAPLES, FL 34102

Current Mailing Address:

7599 CITRUS HILL LN
NAPLES, FL 34109

New Mailing Address:

501 GOODLETTE ROAD, N.
B-106
NAPLES, FL 34102

FEI Number: 20-1447173 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAMOUCE, MURRELL & GAL, P.A.
800 LAUREL OAK DR
STE 300
NAPLES, FL 34108 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: PSTD ( ) Delete
Name: PURCELL, THOMAS
Address: 7599 CITRUS HILL LN
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS PURCELL PSTD 01/21/2005

Electronic Signature of Signing Officer or Director — Date