T. Roberts MAR 2 9 2005

1/27/2005-90073-001-$450.00-$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR 21 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000004 70

DOCUMENT # P04000132443

1. Entity Name
CARMEN PEDIATRIC CARE CENTER INC.

Principal Place of Business	Mailing Address
2589 NORTH STATE ROAD 7 LAUDERHILL, FL 33313 US	2589 NORTH STATE ROAD 7 LAUDERHILL, FL 33313 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1660491 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PHILIPPOUSSI, JACQUELINE PRESE 812 SEA SAGE DR DELRAY BEACH, FL 33313	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PHILIPPOUSSI, JACQUELINE 812 SEA SAGE DR DELRAY BEACH, FL 33313 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Philippoussi, Fabian 812 Seasage Dr, Delray Bch., FL 33483 [ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacqueline Philippoussi — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1/21/05 — Date
954 485-0330 — Daytime Phone #