2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140350

Entity Name: LEE EDELSTEIN PEDIATRICS, P.A.

FILED Apr 10, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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6467 STONE HURST CIR 5820 JOG RD

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

6467 STONE HURST CIR 5820 JOG RD

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

FEI Number: 27-0106032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

EDELSTEIN, LEE W PRES 6467 STONEHURST CIRCLE LAKE WORTH, FL 33467 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:

Electronic Signature of Registered Agent Date

Electronic olginature of Negistered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PRES (X) Change () Addition

 Name:
 EDELSTEIN, LEE
 Name:
 EDELSTEIN, LEE

 Address:
 6467 STONE HURST CIR
 Address:
 6467 STONE HURST CIR

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:
 LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LEE W. EDELSTEIN PRES 04/10/2006