

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000140350

Entity Name: LEE EDELSTEIN PEDIATRICS, P.A.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

5820 JOG RD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

5820 JOG RD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 27-0106032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: EDELSTEIN, LEE
Address: 6467 STONE HURST CIR
City-St-Zip: LAKE WORTH, FL 33467

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: EDELSTEIN, LEE W
Address: 5820 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: CFO () Change (X) Addition
Name: EDELSTEIN, SUSAN T
Address: 5820 JOG ROAD
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify 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

04/29/2009

Electronic Signature of Signing Officer or Director

Date