

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000074681

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** PEDROSO PEDIATRICS #2, P.A.

**Current Principal Place of Business:**

460 W 41ST STREET  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

3921 ALTON ROAD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

460 W 41ST STREET  
MIAMI BEACH, FL 33140

**New Mailing Address:**

117 S 17 AVENUE  
HOLLYWOOD, FL 33020

**FEI Number:** 20-2887660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEDROSO, MANUEL MD  
460 W 41ST STREET  
MIAMI BEACH, FL 33140 US

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

PEDROSO, MANUEL MD  
3925 ALTON ROAD  
MIAMI BEACH, FL 33140 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

04/18/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PEDROSO, MANUEL MD  
Address: 3925 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: MANUEL PEDROSO MD

PD

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date