2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P07000063779

Entity Name: GABLES PEDIATRICS, P.A.

Current Principal Place of Business:

400 UNIVERSITY DRIVE
3RD FLOOR
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

400 UNIVERSITY DRIVE
3RD FLOOR
CORAL GABLES, FL 33134

New Mailing Address:

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

Name and Address of Current Registered Agent:

LIDSKY, CARLOS
145 EAST 49TH ST.
HIALEAH, FL 33013 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: P ( ) Delete
Name: SALINERO, EFREN D
Address: 8200 SW 89 ST.
City-St-Zip: MIAMI, FL 33156

Title: T ( ) Delete
Name: LLANSO, RAFAEL
Address: 265 WEST ENID DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: TOLEDO-VALIDO, MARTHA
Address: 7951 NW 159 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: S ( ) Delete
Name: JIMENEZ DE CARDENAS, JOAQUIN M
Address: 12233 SW 102ND TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: EFREN D. SALINEOR, MD P 01/14/2008

Electronic Signature of Signing Officer or Director — Date