2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000123888

Entity Name: PEDIATRICS CARE OF STUART, PA

FILED Apr 21, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2560 NW 124 AVE 509 RIVERSIDE DRIVE

CORAL SPRINGS, FL 33065 SUITE#300

STUART, FL 34994

Current Mailing Address: New Mailing Address:

509 RIVERSIDE DRIVE 2560 NW 124 AVE CORAL SPRINGS, FL 33065

SUITE#300 STUART, FL 34994

FEI Number: 38-3764709 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:

WAJID, ARIF DR WAJID, ARIF DR 2560 NW 124 AVE 509 RIVERSIDE DRIVE CORAL SPRINGS, FL 33065 US STUART, FL 34994 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: 04/21/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

WAJID, ARIF Name: Name: 2560 NW 124 AVE Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 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: ARIF WAJID 04/21/2008 M.D