

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075849

**FILED**  
**Jun 24, 2009**  
**Secretary of State**

**Entity Name:** PEDIATRIC ENDOCRINE AND WELLNESS CENTER, P.A.

**Current Principal Place of Business:**

10275 COLLINS AVENUE  
SUITE 1012  
BAL HARBOUR, FL 33154

**New Principal Place of Business:**

2999 NE 191ST STREET  
SUITE 300  
AVENTURA, FL 33180

**Current Mailing Address:**

10275 COLLINS AVENUE  
SUITE 1012  
BAL HARBOUR, FL 33154

**New Mailing Address:**

**FEI Number:** 26-3177956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVENUE  
SUITE 115  
JACKSONVILLE, FL 32204 US

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

HUERTA, MILAGROS G  
2999 NE 191ST STREET  
SUITE 300  
AVENTURA, FL 33180 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:** MILAGROS G HUERTA

06/24/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** HUERTA, MILAGROS MD  
**Address:** 10275 COLLINS AVENUE, SUITE 1012  
**City-St-Zip:** BAL HARBOUR, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** DR. (X) Change ( ) Addition  
**Name:** HUERTA, MILAGROS G MD  
**Address:** 2999 NE 191ST STREET SUITE 300  
**City-St-Zip:** AVENTURA, FL 33180

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:** MILAGROS G HUERTA

DR.

06/24/2009

Electronic Signature of Signing Officer or Director

Date