2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000086566

Entity Name: LEE VISTA PEDIATRICS, CORP.

ORLANDO, FL 32825 US

City-St-Zip:

FILED Aug 14, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
2342 TREYMORE DRIVE		815 WOODBURY RD		
ORLANDO	D, FL 32825	# 102		
		ORLANDO, FL 32828		
Current IV	lailing Address:	New Mailing Address	New Mailing Address:	
2342 TRF	YMORE DRIVE	815 WOODBURY RD		
ORLANDO, FL 32825		# 102		
0.1210	5,12 02020	ORLANDO, FL 32828		
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
GAYOSO	MARCIA D MD			
	YMORE DR			
	D, FL 32825 US			
The above	named entity submits this statement for the	nurnose of changing its registered	office or registered agent, or both	
	e of Florida.	parpose of changing its registered	office of registered agent, or both,	
SIGNATUI	RE:			
	Electronic Signature of Registered Ag	ent	 Date	
l				
	ce with s. 607.193(2)(b), F.S., the corporation did n mpaign Financing Trust Fund Contribution ().	of receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:	P () Delete	Title:	() Change () Addition	
Name:	GAYOSO, MARCIA D MD	Name:	() - · · · · · · · · · · · · · · · · · ·	
Address:	2342 TREYMORE DR	Address:		
City-St-Zip:	ORLANDO, FL 32825 US	City-St-Zip:		
Title:	VPT () Delete	Title:	() Change () Addition	
Name:	GAYOSO, REYNALDO N	Name:	()	
Address:	2342 TREYMORE DR	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: MARCIA GAYOSO P 08/14/2009