

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000029787

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** PEDIATRIC EMERGENCY SERVICES, INC.

**Current Principal Place of Business:**

1500 BAY ROAD APT 266  
MIAMI BCH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1500 BAY ROAD  
APT 266  
MIAMI BCH, FL 33139

**New Mailing Address:**

**FEI Number:** 26-4602775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AHMAD, ASHIK  
1500 BAY ROAD APT 266  
MIAMI BCH, FL 33139 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: AHMAD, ASHIK  
Address: 1500 BAY ROAD APT 266  
City-St-Zip: MIAMI BCH, FL 33139

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: ASHIK AHMAD

DR.

02/25/2011

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

\_\_\_\_\_  
Date