2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000043561

Entity Name: CIRCLE OF FRIENDS PEDIATRICS, INC.

FILED Mar 01, 2010 Secretary of State

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

16500 COLLINS AVENUE 18911 COLLINS AVENUE

#1052 #2203

SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

Current Mailing Address: New Mailing Address:

16500 COLLINS AVENUE 18911 COLLINS AVENUE

#1052 #2203

SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160

FEI Number: 27-0206368 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:

NEDLER, FELIX NEDLER, FELIX

16500 CÓLLINS AVENUE 18911 CÓLLINS AVENUE

#1052 #2203

SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 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: FELIX NEDLER 03/01/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D

Name: PROSHAK, INNA

Address: 11891 COLLINS AVENUE, #2203 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP/D

Name: NEDLER, FELIX

Address: 11891 COLLINS AVENUE, #2203 City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ST/D

Name: VAYSMAN, FRIDA

Address: 11891 COLLINS AVENUE, #2203 City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: INNA PROSHAK P/D 03/01/2010