

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000043561

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** CIRCLE OF FRIENDS PEDIATRICS, INC.

**Current Principal Place of Business:**

1117 E. HALLANDALE BLVD  
STE 7  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1117 E. HALLANDALE BLVD  
STE 7  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 27-0206368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEDLER, FELIX  
1117 E. HALLANDALE BLVD  
STE 7  
HALLANDALE, FL 33009 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:** P  
**Name:** NEDLER, FELIX  
**Address:** 1117 E HALLANDALE BEACH BLVD STE 7  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** S  
**Name:** PROSHAK, INNA  
**Address:** 1117 E HALLANDALE BEACH BLVD STE 7  
**City-St-Zip:** HALLANDALE, FL 33009

**Title:** T  
**Name:** VAYSMAN, FRIDA  
**Address:** 1117 E HALLANDALE BEACH BLVD STE 7  
**City-St-Zip:** HALLANDALE, FL 33009

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

SECY

01/03/2011

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

\_\_\_\_\_  
Date