

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000064499

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PEDIATRIC INTERVENTIONS INC.

**Current Principal Place of Business:**

1427 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1427 SOUTH CONGRESS AVENUE  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 35-2368490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTINEZ, LISSETTE  
2963 WERWOOD COURT  
WELLINGTON, FL 33414 US

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

MARTINEZ-MORALES, LISSETTE  
2963 WERWOOD COURT  
WELLINGTON, FL 33414 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:** LISSETTE MARTINEZ-MORALES

04/30/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MARTINEZ-MORALES, LISSETTE  
**Address:** 2963 WERWOOD COURT  
**City-St-Zip:** WELLINGTON, FL 33414

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:** LISSETTE MARTINEZ-MORALES

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date