

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000055210

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ALL BETTER PEDIATRIC GROUP INC.

**Current Principal Place of Business:**

5300 WEST HILLSBORO BLVD  
STE: 110  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

5300 WEST HILLSBORO BLVD  
STE: 110  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 45-2828211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERGER, SORAIA  
2021 NE 22ND TERRACE  
FORT LAUDERDALE, FL 33305 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: PTD  
Name: BERGER, SORAIA  
Address: 2021 NE 22ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VTD  
Name: BERGER, RENATO  
Address: 2021 NE 22ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33305

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: SORAIA BERGER

PTD

04/27/2012

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

\_\_\_\_\_  
Date