

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024257

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** PEDIATRIC CENTERS OF LEE COUNTY, INC.

**Current Principal Place of Business:**

4048 EVANS AVE.  
STE. #209  
FT. MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

4048 EVANS AVE.  
STE. #209  
FT. MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 65-0417446      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

OSVALDO R. MORALES DEL CASTILLO MD PA  
4048 EVANS AVE.  
STE. #209  
FT. MYERS, FL 33901 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: MD  
Name: DEL CASTILLO, OSVALDO M  
Address: 4048 EVANS AVE., #209  
City-St-Zip: FT. MYERS, FL 33901

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: OSVALDO MORALES DEL CASTILLO

PRES

02/16/2011

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

\_\_\_\_\_ Date