


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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| DOCUMENT # P95000029971 |  |
| 1. Entity Name BOCA DEL MAR PEDIATRIC AND ADOLESCENT CENTER, P.A. | |

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| Principal Place of Business 6909 SW 18TH ST., SUITE A202 BOCA RATON, FL 33433 | Mailing Address 6909 SW 18TH ST., SUITE A202 BOCA RATON, FL 33433 |
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DO NOT WRITE IN THIS SPACE



01152007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0574492 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent KAWEBLUM, YOSEF AARON 6909 SW 18TH ST., SUITE A202 BOCA RATON, FL 33433 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

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|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000649231 03/07/07-80040-024 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KAWEBLUM, YOSEF AARON 6909 SW 18TH ST., SUITE A202 BOCA RATON, FL 33433 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

| | | |
|--|---------------|------------------------------|
| SIGNATURE:  | Date: 2/12/07 | Daytime Phone #: 561 347 838 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |