

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035750

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** KEY BISCAYNE PEDIATRIC ASSOCIATES, INC.

**Current Principal Place of Business:**

240 CRANDON BLVD.  
SUITE 212  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

240 CRANDON BLVD  
SUITE 212  
KEY BISCAYNE, FL 33149 US

**New Mailing Address:**

240 CRANDON BLVD.  
SUITE 212  
KEY BISCAYNE, FL 33149

**FEI Number:** 65-0564176

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUEVARA, RAMON  
240 CRANDON BLVD  
SUITE 212  
KEY BISCAYNE, FL 33149 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: GUEVARA, RAMON A  
Address: 240 CRANDON BLVD. SUITE 212  
City-St-Zip: KEY BISCAYNE, FL 33149

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: RAMON A. GUEVARA

PRES

03/29/2011

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

\_\_\_\_\_  
Date