

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000039722

FILED
Apr 11, 2012
Secretary of State

Entity Name: PERSONAL CARE PEDIATRICS, P.A.

Current Principal Place of Business:

2964 NORTH S.R. 7
SUITE 340
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2964 NORTH S.R. 7
SUITE 340
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0581847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DR
Name: MAGALETTI, FRANCINE M.D.
Address: 2964 NORTH S.R. 7
City-St-Zip: MARGATE, FL 33063

Title: DR
Name: ZONDORAK-PEREZ, MARY ELLEN M.D.
Address: 2964 NORTH S.R. 7
City-St-Zip: MARGATE, FL 33063

Title: DR
Name: LEVINSON, NADIA M.D.
Address: 2964 NORTH S.R. 7
City-St-Zip: MARGATE, FL 33063

Title: D
Name: PERSONAL CARE PEDIATRICS, PA
Address: 2964 NORTH S.R. 7
City-St-Zip: MARGATE, FL 33063

Title: D
Name: PERSONAL CARE PEDIATRICS, PA
Address: 2964 NORTH S.R. 7
City-St-Zip: MARGATE, FL 33063

Title: D
Name: PERSONAL CARE PEDIATRICS, PA
Address: 2964 NORTH S.R. 7
City-St-Zip: MARGATE, FL 33063

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: NADIA LEVINSON

DR

04/11/2012

Electronic Signature of Signing Officer or Director

Date