


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000025988
 1. Entity Name
 EMERGENCY PEDIATRIC SERVICES, P.A.



Principal Place of Business Mailing Address
 5955 PONCE DE LEON BLVD 5955 PONCE DE LEON BLVD
 CORAL GABLES, FL 33146-2423 CORAL GABLES, FL 33146-2423



02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0651301 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TANO, ALBERT MD.
 5955 PONCE DE LEON BLVD.
 CORAL GABLES, FL 33146

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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ, JORGE E MD
STREET ADDRESS	5955 PONCE DE LEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 331462423
TITLE	D
NAME	TANO, ALBERT
STREET ADDRESS	5955 PONCE DE LEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 331462423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/04/06-80037-020 150.00

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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 information.

SIGNATURE: _____ Date: 2/21/2016 Daytime Phone #: 305-861-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR