


**.2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 13, 2007 08:00 AM
Secretary of State**

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



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

Mailing Address
5955 PONCE DE LEON BLVD
CORAL GABLES, FL 33146-2423

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0651301	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, JORGE E MD 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 331462423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANO, ALBERT 5955 PONCE DE LEON BLVD CORAL GABLES, FL 331462423
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UD00000705308
04/23/07-80047-003-150.00

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IN THIS SPACE**

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: Jorge Perez **JORGE PEREZ** 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #