

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035893

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: PEDIATRICS R US P.A.

## Current Principal Place of Business:

4395 PALM AVE  
HIALEAH, FL 33012 US

## New Principal Place of Business:

## Current Mailing Address:

4395 PALM AVE  
HIALEAH, FL 33012 US

## New Mailing Address:

FEI Number: 65-0663914      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FIALLO, AMADA G  
16730 NW 82 AVENUE  
HIALEAH, FL 33016 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FIALLO, CELADIE JR  
Address: 16730 NW 82 AVENUE  
City-St-Zip: HIALEAH, FL 33016

Title: ST ( ) Delete  
Name: FIALLO, AMADA G  
Address: 16730 NW 82 AVENUE  
City-St-Zip: HIALEAH, FL 33016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CELADIE FIALLO

PD

04/17/2006

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

\_\_\_\_\_  
Date