


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000048432</b> 1. Entity Name PALM BEACH PEDIATRIC INFECTIOUS DISEASES, P.A.	
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Principal Place of Business 9750 NW 33RD ST 107 CORAL SPRINGS, FL 33065 US	Mailing Address P O BOX 811853 BOCA RATON, FL 33481 US
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04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0669523	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  MATEO, JOSE R MD 19449 PRESERVE DR BOCA RATON, FL 33498
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	P MATEO, JOSE R MD 9750 NW 33RD ST #107 CORAL SPRINGS, FL
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04/26/05-80094-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jose R Mateo 4.20.05 954.345.0404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #