

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000048432

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** PALM BEACH PEDIATRIC INFECTIOUS DISEASES, P.A.

**Current Principal Place of Business:**

2901 CORAL HILLS DRIVE  
220  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 811853  
BOCA RATON, FL 33481 US

**New Mailing Address:**

**FEI Number:** 65-0669523      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MATEO, JOSE R MD  
19449 PRESERVE DR  
BOCA RATON, FL 33498 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:** P      ( ) Delete  
**Name:** MATEO, JOSE R MD  
**Address:** 2901 CORAL HILLS DRIVE #220  
**City-St-Zip:** CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES      (X) Change ( ) Addition  
**Name:** MATEO, JOSE R MD  
**Address:** 19449 PRESERVE DRIVE  
**City-St-Zip:** BOCA RATON, FL 33498 US

I hereby certify that the information supplied with this filing does not qualify 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:** MATEO JOSE R

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

PRES

04/27/2009

\_\_\_\_\_  
Date