

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069985

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: PEDIATRIC HEALTHCARE CENTERS, INC.

## Current Principal Place of Business:

308 OLD DIXIE HIGHWAY  
APOPKA, FL 32712

## New Principal Place of Business:

34 SOUTH PARK AVENUE  
APOPKA, FL 32703

## Current Mailing Address:

P O BOX 2377  
APOPKA, FL 32704

## New Mailing Address:

FEI Number: 59-3461026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOODY, TONI C  
308 OLD DIXIE HIGHWAY  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

MOODY, TONI C  
34 SOUTH PARK AVENUE  
APOPKA, FL 32703 US

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

04/28/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MOOD ( ) Delete  
Name: Y, T C  
Address: 5318 HILLSIDE DR.  
City-St-Zip: ORLANDO, FL 32810

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MOODY, TONI C  
Address: 5318 HILLSIDE DR.  
City-St-Zip: ORLANDO, FL 32810

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: TONI C. MOODY

Electronic Signature of Signing Officer or Director

PD

04/28/2009

Date