

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000084886

**FILED**  
**Sep 17, 2007**  
**Secretary of State**

**Entity Name:** PEDIATRICS CARE PLUS, P.A.

**Current Principal Place of Business:**

301 NW 84ND AVE  
#203  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

301 NW 84ND AVE  
#203  
PLANTATION, FL 33324 US

**New Mailing Address:**

**FEI Number:** 65-0784684      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JOSEPH, RUFUS  
4911 SW 205TH AVE  
FT LAUDERDALE, FL 33332 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:** JOSEPH RUFUS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

**Title:** M.D. ( ) Delete  
**Name:** JOSEPH, RUFUS  
**Address:** 4911 SW 205TH AVE  
**City-St-Zip:** FT LAUDERDALE, FL 33332

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

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

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:** JOSEPH RUFUS

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

M.D.

09/17/2007

\_\_\_\_\_  
Date