## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000084886

Entity Name: PEDIATRICS CARE PLUS, P.A.

FILED Feb 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
--	--------------------------------------	---------------------------------

301 NW 84ND AVE

#203

PLANTATION, FL 33324 US

**New Mailing Address: Current Mailing Address:** 

301 NW 84ND AVE

#203

PLANTATION, FL 33324 US

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

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

JOSEPH, RUFUS BARBOSA, CARLOS 4911 SW 205TH AVE 301 NW 84TH AVENUE FT LAUDERDALE, FL 33332 US PLANTATION, FL 33324

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: CARLOS BARBOSA 02/14/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M D () Delete Title: (X) Change ( ) Addition JOSEPH, RUFUS RODRIGUEZ, ANGELA Name: Name: 4911 SW 205TH AVE 301 NW 84TH AVENUE, #203 Address: Address: City-St-Zip: FT LAUDERDALE, FL 33332 City-St-Zip: PLANTATION, FL 33324

Title: () Delete Title: VΡ ( ) Change (X) Addition

Name: Name: BARBOSA, CARLOS Address: Address: 301 NW 84TH AVE., #203 PLANTATION, FL 33324 City-St-Zip: 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.

VΡ SIGNATURE: CARLOS BARBOSA 02/14/2008