2007 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
04-23-2007 90282 037 ***150.00
FILED

07 MAY 21 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000078466

1. Entity Name
ACD PEDIATRIC GROUP, P.A.

Principal Place of Business
~~1840 W. 49TH STREET~~
~~#300~~
~~HIALEAH, FL 33012~~

Mailing Address
~~1840 W. 49TH STREET~~
~~#300~~
~~HIALEAH, FL 33012~~

2. Principal Place of Business / 3. Mailing Address:
ACD PEDIATRIC
3416 W. 84 Street · Suite 100
Hialeah Gardens, FL 33018
305-826-9449

ACD PEDIATRIC
3416 W. 84 Street · Suite 100
Hialeah Gardens, FL 33018
305-826-9449

04132007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0862821

Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTON, STEVEN
10727 SW 104 STREET
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name: RENE R. ANDINO, MD
Street: 3416 W 84TH ST
SUITE 100
City: HIALEAH GARDENS FL Zip Code: 33018

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDINO, RENE R MD ACD PEDIATRIC GROUP, 1840 W 49 ST HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3416 W. 84 St. Suite 100 Hialeah Gdns FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DELGADO, EVELYN A MD ACD PED. GROUP, 1840 W 49 ST, #300 HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3416 West. 84. St. Suite 100 Hialeah Gdns, FL 33018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: (RENE R. ANDINO) 4/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Document corrected per Antonio Delgado, acct. psc