

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094293

Entity Name: AMORETTI PEDIATRICS, P.A.

FILED  
Jan 07, 2009  
Secretary of State

**Current Principal Place of Business:**

7301 W. PALMETTO PARK ROAD  
SUITE 101B  
BOCA RATON, FL 33433

**New Principal Place of Business:**

2900 N MILITARY TRAIL  
SUITE 175  
BOCA RATON, FL 33431

**Current Mailing Address:**

7301 W. PALMETTO PARK ROAD  
SUITE 101B  
BOCA RATON, FL 33433

**New Mailing Address:**

2900 N MILITARY TRAIL  
SUITE 175  
BOCA RATON, FL 33431

FEI Number: 65-0875037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

AMORETTI, ALEJANDRO  
7301 W. PALMETTO PARK ROAD  
SUITE 101B  
BOCA RATON, FL 33433 US

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

AMORETTI, ALEJANDRO  
2900 N MILITARY TRAIL  
SUITE 175  
BOCA RATON, FL 33431 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:

01/07/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMORETTI, ALEJANDRO  
Address: 7301 W. PALMETTO PARK ROAD, STE 101B  
City-St-Zip: BOCA RATON, FL 33433

Title: V ( ) Delete  
Name: AMORETTI, SHARON L  
Address: 7301 W PALMETTO PARK ROAD, STE 101B  
City-St-Zip: BOCA RATON, FL 33433 US

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

Title: PD (X) Change ( ) Addition  
Name: AMORETTI, ALEJANDRO  
Address: 2900 N MILITARY TRAIL  
City-St-Zip: BOCA RATON, FL 33431

Title: V (X) Change ( ) Addition  
Name: AMORETTI, SHARON L  
Address: 2900 N.MILITARY TRAIL  
City-St-Zip: BOCA RATON, FL 33431 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: ALEJANDRO AMORETTI

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date