

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000094293

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** AMORETTI PEDIATRICS, P.A.

**Current Principal Place of Business:**

2900 N MILITARY TRAIL  
SUITE 175  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2900 N MILITARY TRAIL  
SUITE 175  
BOCA RATON, FL 33431

**New Mailing Address:**

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: AMORETTI, SHARON L  
Address: 2900 N.MILITARY TRAIL  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON AMORETTI

V

03/22/2011

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

\_\_\_\_\_  
Date