

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043926

Entity Name: B.C. PEDIATRICS INC.

FILED
Aug 29, 2005
Secretary of State

Current Principal Place of Business:

17325 NW 27TH AVENUE
#109
MIAMI, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

17325 NW 27TH AVENUE
#109
MIAMI, FL 33056 US

New Mailing Address:

FEI Number: 65-0917342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OYADIRAN, BISI
2743 SW 179 TERR
MIRAMAR, FL 33056 US

Name and Address of New Registered Agent:

OYADIRAN, BISI
1930 SW 195 AVE
MIRAMAR, FL 33029 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:

08/29/2005

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: PD () Delete
Name: OYADIRAN, BISI
Address: 2743 SW 179 TERRACE
City-St-Zip: MIRAMAR, FL 33056

Title: VPS () Delete
Name: OYADIRAN, CARLINE
Address: 2743 SW 179 TERR.
City-St-Zip: MIRAMAR, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OYADIRAN, BISI
Address: 1930 SW 195 AVE
City-St-Zip: MIRAMAR, FL 33029

Title: VPS (X) Change () Addition
Name: OYADIRAN, CARLINE
Address: 1930 SW 195 AVE
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OLABISI OYADIRAN

PD

08/29/2005

Electronic Signature of Signing Officer or Director

Date