

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000094033

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** LIFE SPRING PEDIATRICS, P.A.

**Current Principal Place of Business:**

8320 W.SUNRISE BLVD.  
200  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 245233  
HOLLYWOOD, FL 33024

**New Mailing Address:**

**FEI Number:** 65-0957155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AJOKU, ADETOKUNBOH MD  
8320 W.SUNRISE BLVD.  
200  
PLANTATION, FL 33322 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: PSTD  
Name: AJOKU, ADETOKUNBOH MD  
Address: P.O.BOX 245233  
City-St-Zip: PEMBROKE PINES, FL 33024

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: ADETOKUNBOH AJOKU

PSTD

04/14/2011

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

\_\_\_\_\_  
Date