

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19931

**FILED**  
**Jan 19, 2007**  
**Secretary of State**

**Entity Name:** AMBROSE SOLER PEDIATRICS, M.D., P.A.

**Current Principal Place of Business:**

8200 JOG ROAD  
STE 102  
BOYNTON BCH, FL 33437 US

**New Principal Place of Business:**

6427 LAKE WORTH RD  
GREENACRES, FL 33463 US

**Current Mailing Address:**

8200 JOG RD  
STE 102  
BOYNTON BCH, FL 33437 US

**New Mailing Address:**

6427 LAKE WOTH ROAD  
GREENACRES, FL 33463 US

**FEI Number:** 65-0238966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLER, AMBROSE  
8200 JOG ROAD  
STE 102  
BOYNTON BCH, FL 33437 US

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

SOLER, AMBROSE M.D  
6427 LAKE WOTH ROAD  
GREENACRES, FL 33463 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: AMBROSE SOLER M.D

01/19/2007

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: SOLER, AMBROSE,  
Address: 7584 COLONY LAKE DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AMBROSE SOLER M.D

M.D

01/19/2007

Electronic Signature of Signing Officer or Director

Date