

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S65019

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: ENGLEWOOD PEDIATRICS, P.A.

## Current Principal Place of Business:

900 E. PINE ST.  
#216-217  
ENGELWOOD, FL 34223 US

## New Principal Place of Business:

## Current Mailing Address:

900 E. PINE ST.  
#216-217  
ENGELWOOD, FL 34223 US

## New Mailing Address:

FEI Number: 65-0270792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUASTAVINO, ELLA MARIE  
900 E. PINE ST.  
#216-217  
ENGLEWOOD, FL 34223 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GUASTAVINO, ELLA MAR, IE  
Address: 7227 TEABERRY STREET  
City-St-Zip: ENGLEWOOD, FL 34224 US

## 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: ELLA MARIE GUASTAVINO

D

04/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date