


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S65299 1. Entity Name PEDIATRIC CRITICAL CARE OF THE PALM BEACHES, P.A.	
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Principal Place of Business 901 45TH ST WEST PALM BEACH, FL 33407	Mailing Address 104 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0269716	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLDFINGER, SUE S., M.D. 104 SANDBOURNE LANE PALM BEACH GARDENS, FL 33418
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDFINGER, SUE S., M.D. 104 SANDBOURNE LANE PALM BEACH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, ROMAN 716 SANDY POINTE LANE PALM BEACH GARDENS, FL 33410
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02/02/05-80101-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sue S. Goldfinger, M.D. 1/31/05 561-881-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Days/Phone #