

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V18024

FILED  
Aug 25, 2009  
Secretary of State

**Entity Name:** FLORIDA PEDIATRIC CRITICAL CARE, P.A.

**Current Principal Place of Business:**

129 FLAGLER PROMENADE SOUTH  
WEST PALM BEACH, FL 33405 US

**New Principal Place of Business:**

17105 GULF PINE CIRCLE  
WELLINGTON, FL 33414 US

**Current Mailing Address:**

129 FLAGLER PROMENADE SOUTH  
WEST PALM BEACH, FL 33405 US

**New Mailing Address:**

17105 GULF PINE CIRCLE  
WELLINGTON, FL 33414 US

**FEI Number:** 65-0329932

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARANTE, ALBERTO  
129 FLAGLER PROMENADE SOUTH  
WEST PALM BEACH, FL 33405 US

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

MARANTE, ALBERTO  
17105 GULF PINE CIRCLE  
WELLINGTON, FL 33414 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: MARANTE ALBERTO

08/25/2009

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: P ( ) Delete  
Name: MARANTE, ALBERTO  
Address: 129 FLAGLER PROMENADE SOUTH  
City-St-Zip: WEST PALM BEACH, FL 33405 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 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: ALBERTO MARANTE

P

08/25/2009

Electronic Signature of Signing Officer or Director

Date