

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41995

FILED  
Jul 30, 2008  
Secretary of State

**Entity Name:** CROSSING PEDIATRIC AND NUTRITIONAL CENTER, P.A.

**Current Principal Place of Business:**

13059 S.W. 112 ST.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

13059 S.W. 112 ST.  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-0345419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GENAO, ESTEBAN MD  
13059 S.W. 112 ST.  
MIAMI, FL 33186 US

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

DUARTE, ZAIRA  
13059 S.W. 112 ST.  
MIAMI, FL 33186 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: ZAIRA CAROLINA DUARTE FANDINO  
Electronic Signature of Registered Agent

07/30/2008  
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: PVST ( ) Delete  
Name: GENAO, ESTEBAN,  
Address: 13059 S.W. 112 ST.  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: PVST (X) Change ( ) Addition  
Name: DUARTE, ZAIRA,  
Address: 13059 S.W. 112 ST.  
City-St-Zip: MIAMI, FL 33186

Title: S ( ) Change (X) Addition  
Name: GUISE, GLORIA  
Address: 13424 SW 90 TERR  
City-St-Zip: MIAMI, FL 33186

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: ZAIRA DUARTE  
Electronic Signature of Signing Officer or Director

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07/30/2008  
Date