

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000048761

**Entity Name:** JACKSONVILLE BEACH PEDIATRIC CARE CENTER, INC.

**Current Principal Place of Business:**

274 SOUTH THIRD AVENUE  
JACKSONVILLE BCH, FL 32250

**Current Mailing Address:**

274 SOUTH THIRD AVENUE  
JACKSONVILLE BCH, FL 32250

**FEI Number:** 20-2618666

**Certificate of Status Desired:** No

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

BENITEZ, NORBERTO  
274 SOUTH THIRD AVENUE  
JACKSONVILLE BCH, FL 32250 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DP	Title	DST
Name	BENITEZ, NORBERTO	Name	BENITEZ, ANNA S
Address	41 FAIRWAY LANE	Address	41 FAIRWAY LANE
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250

*I hereby 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 all other like empowered.*

**SIGNATURE:** NORBERTO BENITEZ

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date