

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000024257

**Entity Name:** PEDIATRIC CENTERS OF LEE COUNTY, INC.

**Current Principal Place of Business:**

4048 EVANS AVE.  
STE. #209  
FT. MYERS, FL 33901

**Current Mailing Address:**

4048 EVANS AVE.  
STE. #209  
FT. MYERS, FL 33901

**FEI Number:** 65-0417446

**Certificate of Status Desired:** No

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

OSVALDO R. MORALES DEL CASTILLO MD PA  
4048 EVANS AVE.  
STE. #209  
FT. MYERS, FL 33901 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 MD  
Name MORALES DEL CASTILLO, OSVALDO  
R  
Address 4048 EVANS AVE., #209  
City-State-Zip: FT. MYERS FL 33901

*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:** OSVALDO R MORALES DEL CASTILLO

**PRESIDENT**

**01/09/2014**

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

\_\_\_\_\_  
Date