#### 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.

DIRECTOR

SIGNATURE: JORGE PEREZ

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P96000025988

Entity Name: EMERGENCY PEDIATRIC SERVICES, P.A.

# **Current Principal Place of Business:**

5955 PONCE DE LEON BLVD CORAL GABLES. FL 33146-2423

# **Current Mailing Address:**

5955 PONCE DE LEON BLVD CORAL GABLES. FL 33146-2423

# FEI Number: 65-0651301

# Name and Address of Current Registered Agent:

CHEN, V 5955 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 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:

#### Date Electronic Signature of Registered Agent **Officer/Director Detail :** Title D Title D Name PEREZ, JORGE E M.D. Name TANO, ALBERT M.D. Address 5955 PONCE DE LEON BLVD Address 5955 PONCE DE LEON BLVD City-State-Zip: CORAL GABLES FL 33146-2423 City-State-Zip: CORAL GABLES FL 33146-2423

03/11/2014 Date

### FILED Mar 11, 2014 Secretary of State CC2051277925

Certificate of Status Desired: No