

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90174 012 ***150.00

DOCUMENT # P06000072731 1. Entity Name MY PEDIATRICIAN, P.A.					
Principal Place of Business 3812 SADDLE RIDGE STREET VALRICO, FL 33594			Mailing Address 3812 SADDLE RIDGE STREET VALRICO, FL 33594		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03192007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-5019586	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONG, ALICIA M.M.D. 3812 SADDLE RIDGE STREET VALRICO, FL 33594				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ONG, ALICIA M.M.D. 3812 SADDLE RIDGE STREET VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Alicia M. Ong</i> ALICIA M. ONG, M.D.			4/15/07 (813) 657-4419		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		