2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 547822

1. Entity Name
MYRTLE AVENUE PEDIATRICS, INC.

Principal Place of Business	Mailing Address
1230 S MYRTLE AVE 205 CLEARWATER, FL 33756 US	1230 S MYRTLE AVE 205 CLEARWATER, FL 33756 US

07062006 No Chg-P CR2E034 (11/05

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1764481

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAVEL, GREG H
1230 S MYRTLE AVE
#205
CLEARWATER, FL 33756

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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) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SAVEL, GREG H
STREET ADDRESS	1230 S MYRTLE AVE., STE 205
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	DTS
NAME	KELLY, KAREN A
STREET ADDRESS	1230 S. MYRTLE AVE., STE 205
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/12/06-80011-004 550.00

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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: GREG H SAVEL 7/10/06 7274478628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #