2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State
02-14-2008 90019 029 ***150.00

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1. Entity Name
MYRTLE AVENUE PEDIATRICS, INC.

40024740

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

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1764481
☐ Applied For
☐ Not Applicable

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 _____ DATE
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, 2008 Fee will be $550.00

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	D VP
NAME	BOREMAN, KATHRYN M
STREET ADDRESS	1230 S MYRTLE AVE. STE 205
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2-5-2008 727 441 8628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GREG H. SAVEL