

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56807

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: PALM HARBOR PEDIATRICS, P.A.

## Current Principal Place of Business:

2595 S.R. 584  
SUITE W  
PALM HARBOR, FL 34684

## Current Mailing Address:

2595 S.R. 584  
SUITE W  
PALM HARBOR, FL 34684

## New Principal Place of Business:

2595 S.R. 584  
SUITE W  
PALM HARBOR, FL 34684 US

## New Mailing Address:

2595 S.R. 584  
SUITE W  
PALM HARBOR, FL 34684 US

FEI Number: 59-2922707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARROYO, FERNANDO L.  
2595 S.R. 584  
SUITE W  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

ARROYO, FERNANDO L.  
2595 S.R. 584  
SUITE W  
PALM HARBOR, FL 34684 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: FERNANDO L. ARROYO

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: ARROYO, FERNANDO L.  
Address: 2595 S.R. 584, SUITE W  
City-St-Zip: PALM HARBOR, FL 34684

Title: PSD ( ) Delete  
Name: GAUD, R. ENID  
Address: 2595 S.R. 584, SUITE W  
City-St-Zip: PALM HARBOR, FL 34684

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: ARROYO, FERNANDO L.  
Address: 2595 S.R. 584, SUITE W  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: PSD (X) Change ( ) Addition  
Name: GAUD, ROSA E  
Address: 2595 S.R. 584, SUITE W  
City-St-Zip: PALM HARBOR, FL 34684 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROSA ENID GAUD

PSD

04/07/2009

Electronic Signature of Signing Officer or Director

Date