

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000016813 1. Entity Name WILLISTON PEDIATRICS, P.A.	
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Principal Place of Business 223 N. MAIN ST. WILLISTON, FL 32696	Mailing Address 15979 NW 165TH ST. WILLISTON, FL 32696
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DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3623914	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINLAN, JAMES L
15979 NW 165TH STREET
WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUINLAN, JAMES L 15979 NW 165TH STREET WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S QUINLAN, DEBORAH L 15979 NW 165TH ST. WILLISTON, FL 32696
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01/05/07-80010-002 150.00

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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: Deborah L. Quinlan 1/4/07 352-5290477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #