

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000016813

Entity Name: WILLISTON PEDIATRICS, P.A.

**FILED**  
**Jan 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

223 N. MAIN ST.  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

15979 NW 165TH ST.  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 59-3623914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: QUINLAN, JAMES L  
Address: 15979 NW 165TH STREET  
City-St-Zip: WILLISTON, FL 32696

Title: S  
Name: QUINLAN, DEBORAH L  
Address: 15979 NW 165TH ST.  
City-St-Zip: WILLISTON, FL 32696

I hereby 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 all other like empowered.

SIGNATURE: JAMES L. QUINLAN

P

01/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date