


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000115913
 1. Entity Name
 DAVENPORT PEDIATRICS, P.A.



Principal Place of Business Mailing Address
 40124 US HWY 27 P.O. BOX 690729
 SUITE 207 ORLANDO, FL 32869
 DAVENPORT, FL 33837

DO NOT WRITE IN THIS SPACE



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3685415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KHAN, MARIA CRISTINA C M.D.
 P.O. BOX 690729
 ORLANDO, FL 32869

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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 TRUST applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KHAN, MARIA CRISTINA C M.D. P.O. BOX 690729 ORLANDO, FL 32869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KHAN, JAMIL H M.D. P.O. BOX 690729 ORLANDO, FL 32869
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MARIA CRISTINA C. KHAN** 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #