

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115913

FILED  
Jul 02, 2006  
Secretary of State

Entity Name: DAVENPORT PEDIATRICS, P.A.

**Current Principal Place of Business:**

40124 US HWY 27  
SUITE 207  
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 690729  
ORLANDO, FL 32869

**New Mailing Address:**

FEI Number: 59-3685415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KHAN, MARIA CRISTINA C M.D.  
P.O. BOX 690729  
ORLANDO, FL 32869 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: PRES ( ) Delete  
Name: KHAN, MARIA CRISTINA C M.D.  
Address: P.O. BOX 690729  
City-St-Zip: ORLANDO, FL 32869

Title: VP ( ) Delete  
Name: KHAN, JAMIL H M.D.  
Address: P.O. BOX 690729  
City-St-Zip: ORLANDO, FL 32869

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA CRISTINA C KHAN

PRES

07/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date