

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117997

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** BABIES AND BEYOND PEDIATRICS, P.A.

**Current Principal Place of Business:**

5132 U.S. HIGHWAY 19 NORTH  
NEW PORT RICHEY, FL 34642

**New Principal Place of Business:**

**Current Mailing Address:**

5134 U.S. HIGHWAY 19 NORTH  
NEW PORT RICHEY, FL 34642

**New Mailing Address:**

**FEI Number:** 59-3696162      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TORRENCE, ALFRED W  
6709 RIDGE ROAD  
SUITE 106  
PORT RICHEY, FL 34668 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:** DR      ( ) Delete  
**Name:** BAIN, RUSSELL T M.D.  
**Address:** 5134 U.S. HIGHWAY 19 NORTH  
**City-St-Zip:** NEW PORT RICHEY, FL 34642

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

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

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: RUSSELL T. BAIN, M.D.

DR

04/29/2009

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

\_\_\_\_\_ Date