

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000036365

Entity Name: EXCEL PEDIATRICS, P.A.

FILED  
Feb 11, 2005  
Secretary of State

**Current Principal Place of Business:**

711 U.S. HIGHWAY 27  
SUITE E  
CLERMONT, FL 34711

**New Principal Place of Business:**

Current Mailing Address:

711 U.S. HIGHWAY 27  
SUITE E  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 59-3711113      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AFZAL, MOHAMMAD  
711 U.S. HIGHWAY 27  
SUITE E  
CLERMONT, FL 34711 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:      D      ( ) Delete  
Name:      AFZAL, MOHAMMAD  
Address:      711 U.S. HIGHWAY 27 #E  
City-St-Zip:      CLERMONT, FL 34711

**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 Section 119.07(3)(i), 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: MOHAMMAD AFZAL

MD

02/11/2005

Electronic Signature of Signing Officer or Director

Date