## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000089812

Entity Name: HAMPTON PEDIATRICS, P.A.

FILED Apr 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

200 LAKE MEAD DRIVE 11512 LAKE MEAD AVE JACKSONVILLE, FL 32256

201

JACKSONVILLE, FL 32256

**Current Mailing Address: New Mailing Address:** 

200 LAKE MEAD DRIVE 11512 LAKE MEAD AVE JACKSONVILLE, FL 32256

JACKSONVILLE, FL 32256

FEI Number: 59-3747675 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SHIVASHANKAR, LATHA SHIVASHANKAR, LATHA 200 LAKE MEAD DRIVE 11512 LAKE MEAD DRIVE JACKSONVILLE, FL 32256 US 201

JACKSONVILLE, FL 32256 US

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: LATHA SHIVASHANKAR 04/25/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete Title: DPST (X) Change ( ) Addition SHIVASHANKAR, LATHA Name: Name: SHIVASHANKAR, LATHA

200 LAKE MEAD DRIVE 11512 LAKE MEAD AVE SUITE 201 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

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: LATHA SHIVASHANKAR **PRES** 04/25/2009

Electronic Signature of Signing Officer or Director

Date