

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000092256

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** MID-FLORIDA PEDIATRICS, P.A.

**Current Principal Place of Business:**

124 BENMORE DRIVE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

124 BENMORE DRIVE  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** 59-3745187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIRDI, MANJIT  
1898 LONG POND DRIVE  
LONGWOOD, FL 32779 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  
**Name:** VIRDI, MANJIT  
**Address:** 1898 LONG POND DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** M  
**Name:** VIRDI, LAKHBIR SINGH  
**Address:** 1898 LONG POND DR  
**City-St-Zip:** LONGWOOD, FL 32779

I hereby 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 all other like empowered.

**SIGNATURE:** MANJIT VIRDI

D

02/16/2010

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

\_\_\_\_\_  
Date