

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039379

FILED
Mar 10, 2009
Secretary of State

Entity Name: HEALTHY STEPS PEDIATRICS, PA

Current Principal Place of Business:

2005 SW 75 STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

2005 SW 75 STREET
GAINESVILLE, FL 32607

New Mailing Address:

2005 SW 75 STREET
STE. 10
GAINESVILLE, FL 32607

FEI Number: 01-0663686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOROS-HANLEY, ANA L
1310 NW 90TH TERRACE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

MOROS-HANLEY, ANA L
14161 NW 25 AVE
GAINESVILLE, FL 32606 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: ANA MOROS-HANLEY

03/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOROS-HANLEY, ANA L
Address: 1310 NW 90TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOROS-HANLEY, ANA L
Address: 14161 NW 25 AVE
City-St-Zip: GAINESVILLE, FL 32606

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: ANA MOROS- HANLEY

MD

03/10/2009

Electronic Signature of Signing Officer or Director

Date