

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000069162

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FLORIDA PEDIATRIC GROUP, P.A.

## Current Principal Place of Business:

240 N WICKHAM RD  
102  
MELBOURNE, FL 32935

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 1988  
MELBOURNE, FL 32902

## New Mailing Address:

FEI Number: 02-0624019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FARID, MAGED  
240 N WICKHAM RD  
102  
MELBOURNE, FL 32935 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: FARID, MAGED  
Address: 244 INTREPID WAY  
City-St-Zip: INDIALANTIC, FL 32903

Title: D ( ) Delete  
Name: GADALLAH, SHIREEN  
Address: 244 INTREPID WAY  
City-St-Zip: INDIALANTIC, FL 32903

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: FARID, MAGED  
Address: 3083 BELLWIND CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change ( ) Addition  
Name: GADALLAH, SHIREEN  
Address: 3083 BELLWIND CIRCLE  
City-St-Zip: ROCKLEDGE, FL 32955

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: MAGED FARID

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date