2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078910

FILED Jan 17, 2008 Secretary of State

Entity Name: DOCTORS INLET PEDIATRICS AND PRIMARY CARE P.A.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	20, STE 204				
SUITE 204 MIDDI FBI	1 JRG, FL 3206	88			
Current Mailing Address:		New Mailing Address:			
569 CR 2	220, STE 204				
SUITE 204	1 '	20			
	JRG, FL 3206				
El Number	: 14-1837982	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
TILAK, MILIND V 2569 CR 220, STE 204 MIDDLEBURG, FL 32068 US			TILAK, MILIND V 10175 FORTUNE PARKWAY SUITE 401-402 JACKSONVILLE. FL 32256 US		
	JRG, FL 3206		SUITE 401-402 JACKSONVILLE, FL 3	32256 US	
he above the State	JRG, FL 3206 named entity e of Florida.		SUITE 401-402 JACKSONVILLE, FL 3	32256 US d office or registered agent, or both,	
he above	URG, FL 3206 named entity e of Florida. RE:		SUITE 401-402 JACKSONVILLE, FL 3 purpose of changing its registered	32256 US	
The above of the State	URG, FL 3206 named entity of Florida. RE: Electro	submits this statement for the	SUITE 401-402 JACKSONVILLE, FL 3 purpose of changing its registered	32256 US d office or registered agent, or both, 01/17/2008	
The above the State SIGNATUI	URG, FL 3206 named entity of Florida. RE: Electro	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	SUITE 401-402 JACKSONVILLE, FL 3 purpose of changing its registered	32256 US d office or registered agent, or both, 01/17/2008	
he above the State GNATUI	unamed entity of properties of Florida. RE: Electro mpaign Financin S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete RNA M MD D BRANCH CT.	SUITE 401-402 JACKSONVILLE, FL 3 purpose of changing its registered	32256 US d office or registered agent, or both, 01/17/2008 Date	

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: SUWARNA M TILAK D 01/17/2008