# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2011**
**Secretary of State**

DOCUMENT# P02000078910

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

**Current Principal Place of Business:**

430 COLLEGE DRIVE
SUITE 100-102
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

430 COLLEGE DRIVE
SUITE 100-102-104
MIDDLEBURG, FL 32068

**Current Mailing Address:**

10175 FORTUNE PARKWAY
SUITE 401
JACKSONVILLE, FL 32256

**New Mailing Address:**

430 COLLEGE DRIVE
SUITE 100-102-104
MIDDLEBURG, FL 32068

**FEI Number: 14-1837982** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

TILAK, MILIND V
10175 FORTUNE PARKWAY
SUITE 401-402
JACKSONVILLE, FL 32256 US

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

TILAK, MILIND V
8777 HAMPSHIRE GLEN DRIVE SOUTH
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: MILIND TILAK 01/05/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D
Name: TILAK, SUWARNA M MD
Address: 8777 HAMPSHIRE GLEN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: TILAK, MILIND V MD
Address: 8777 HAMPSHIRE GLEN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32256

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: MILIND TILAK D 01/05/2011
Electronic Signature of Signing Officer or Director Date