

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078910

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
8777 HAMPSHIRE GLEN DRIVE SOUTH  
JACKSONVILLE, FL 32256 US

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

TILAK, SUWARNA M  
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:** SUWARNA TILAK

01/12/2012

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:** SUWARNA TILAK

PRES

01/12/2012

Electronic Signature of Signing Officer or Director

Date