

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90021 024 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

40010034



01122005 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000117169
 1. Entity Name
 ALLIANCE PEDIATRICS, P.A.



Principal Place of Business
 4627 N.W. 53RD AVENUE
 GAINESVILLE, FL 32606

Mailing Address
 4627 N.W. 53RD AVENUE
 GAINESVILLE, FL 32606

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-3658974

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SARANTOS, KATHERYN M.D.
 4627 N.W. 53RD AVENUE
 GAINESVILLE, FL 32606

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAS, OLGA M.D. 4627 N.W. 53RD AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SARANTOS, KATHERYN M.D. 4627 N.W. 53RD AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, CARLA M.D. 4627 N.W. 53RD AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: Jan. 21, 2005 Daytime Phone #: (352) 335-8888