


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90088 035 ***150.00

DOCUMENT # P02000117169

1. Entity Name
ALLIANCE PEDIATRICS, P.A.




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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



02202006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
11-3658974 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

SARANTOS, KATHERYN M.D. Name
4627 N.W. 53RD AVENUE Street Address (P.O. Box Number is Not Acceptable)
GAINESVILLE, FL 32606 City **FL** Zip Code

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.

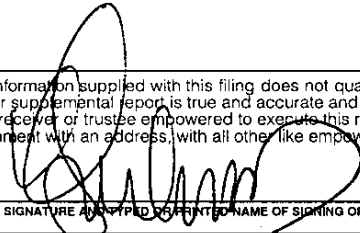
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAS, OLGA M.D.			NAME			
STREET ADDRESS	4627 N.W. 53RD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARANTOS, KATHERYN M.D.			NAME			
STREET ADDRESS	4627 N.W. 53RD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITE, CARLA M.D.			NAME			
STREET ADDRESS	4627 N.W. 53RD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32606			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **KATHERYN SARANTOS** Date: **03/03/06** Daytime Phone #: **(352) 335 8888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #