


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90092 018 ***150.00

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

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

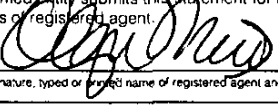
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| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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|---------------------|---------------------|---------|---------|
| City & State Zip | City & State Zip | Country | Country |
|---------------------|---------------------|---------|---------|

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| 6. Name and Address of Current Registered Agent SARANTOS, KATHERYN M.D. 4627 N.W. 53RD AVENUE GAINESVILLE, FL 32606 | |
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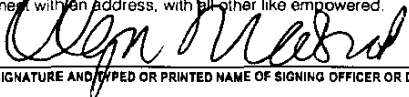
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
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| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | DATE 02/08/07 |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAS, OLGA M.D. 4627 N.W. 53RD AVENUE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SARANTOS, KATHERYN M.D. 4627 N.W. 53RD AVENUE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITE, CARLA M.D. 4627 N.W. 53RD AVENUE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date February 8, 2007 (352) 335-8888 |

40014300



02062007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 11-3658974 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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