

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

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



01132008 No Chg-P CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000841235
03/10/08-80007-014 150.00

10. OFFICERS AND DIRECTORS

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

Daytime Phone #

2-24-08