


**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 <input type="checkbox"/>	\$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, 2008 Fee will be \$550.00**

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

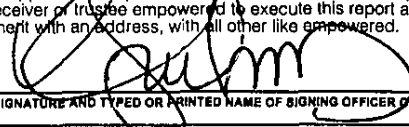
U00000841235  
 03/10/08-80007-014 150.00

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:**  **2-24-08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #