

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117169

Entity Name: ALLIANCE PEDIATRICS, P.A.

FILED
Feb 15, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

4627 N.W. 53RD AVENUE
GAINESVILLE, FL 32653

Current Mailing Address:

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

New Mailing Address:

4627 N.W. 53RD AVENUE
GAINESVILLE, FL 32653

FEI Number: 11-3658974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARANTOS, KATHERYN M.D.
4627 N.W. 53RD AVENUE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

SARANTOS, KATHERYN M.D.
4627 N.W. 53RD AVENUE
GAINESVILLE, FL 32653 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

02/15/2011

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MAS, OLGA M.D.
Address: 4627 N.W. 53RD AVENUE
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: SARANTOS, KATHERYN M.D.
Address: 4627 N.W. 53RD AVENUE
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: MASSIAS, MICHELLE MD
Address: 4627 NW 53RD AVE
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERYN SARANTOS, MD

Electronic Signature of Signing Officer or Director

D

02/15/2011

Date