

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117169

Entity Name: ALLIANCE PEDIATRICS, P.A.

FILED
Jan 12, 2012
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 32653 US

Name and Address of New Registered Agent:

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

_____ 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: OLGA MAS, MD

D

01/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date