

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90177 049 \*\*\*150.00

<b>DOCUMENT # P03000053056</b> 1. Entity Name <b>APEX PEDIATRICS, P.A.</b>			
Principal Place of Business <b>150 SE 17TH STREET STE 502</b> <b>OCALA, FL 34471</b>		Mailing Address <b>150 SE 17TH STREET STE 502</b> <b>OCALA, FL 34471</b>	
2. Principal Place of Business - No P.O. Box # <b>1800 SE 32nd Ave</b>		3. Mailing Address <b>1800 SE 32nd Ave</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>OCALA FL</b>		City & State <b>OCALA FL</b>	
Zip <b>34471</b>		Zip <b>34471</b>	
Country <b>USA</b>		Country <b>USA</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>OKONKWO, MARTIN</b> <b>150 SE 17TH ST STE 502</b> <b>OCALA, FL 34471</b>		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (B.O. Box Number is Not Acceptable) <b>1495 SE 73rd PI</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34480</b>	
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: <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">SIGNATURE _____</div> <div style="width: 40%; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</div> <div style="width: 30%; text-align: right;">DATE _____</div> </div>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete NAME <b>OKONKWO, MARTIN</b>	TITLE 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>150 SE 17TH ST #502</b>	CITY-ST-ZIP <b>OCALA, FL 34471</b>	NAME <b>1495 SE 73rd PI</b>	CITY-ST-ZIP <b>OCALA FL 34480</b>
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	