


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90232 034 ***150.00

DOCUMENT # P04000084851

1. Entity Name
 EAST LAKE PEDIATRICS, P.A.



Principal Place of Business
 2758 ONIZUKA COURT
 PALM HARBOR, FL 34683

Mailing Address
 2758 ONIZUKA COURT
 PALM HARBOR, FL 34683

20043717



2. Principal Place of Business
 4150 Woodlands Pkwy
 Suite, Apt. #, etc.
 Ste B

3. Mailing Address
 4150 Woodlands Pkwy
 Suite, Apt. #, etc.
 Ste B

03032005 Chg-P CR2E034 (10/03)

City & State
 Palm Harbor FL

City & State
 Palm Harbor FL

Zip
 34685

Country
 USA

4. FEI Number
 20-1230882

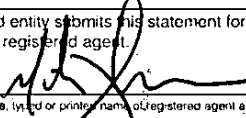
Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 SMITH, THOMAS B
 150 SECOND AVENUE NORTH
 SUITE 11
 ST. PETERSBURG, FL 33701

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Jordan, Michael C.
 Street Address (P.O. Box Numbers Not Acceptable)
 4150 Woodlands Pkwy
 Ste B
 City
 Palm Harbor FL Zip Code
 34685

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  Michael Jordan MD 4/12/05

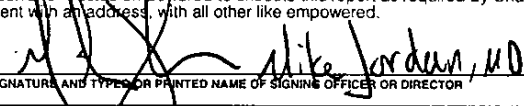
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	JORDAN, MICHAEL C 2758 ONIZUKA COURT PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	
TITLE D	Jordan, Michael C. 4150 Woodlands Pkwy Ste B Palm Harbor, FL 34685	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Mike Jordan, MD 4/12/05 772-1452

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #