

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119977

FILED
Apr 13, 2005
Secretary of State

Entity Name: NORTH PORT PEDIATRICS, P.A.

Current Principal Place of Business:

14295 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

14295 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, W. KEVIN
14295 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GHIGLINO, LUIS A
Address: 13 LEWIS STREET
City-St-Zip: LITTLE FALLS, NY 13365

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LUIS A GHIGLINO

D

04/13/2005

Electronic Signature of Signing Officer or Director

Date