2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# P05000037680

Entity Name: NIGHT OWL PEDIATRICS, P.A.

Current Principal Place of Business:

17814 ST. LUCIA ISLE
TAMPA, FL 33647

New Principal Place of Business:

10359 CROSS CREEK BLVD.
SUITE CD
TAMPA, FL 33647

Current Mailing Address:

17814 ST. LUCIA ISLE
TAMPA, FL 33647

New Mailing Address:

10359 CROSS CREEK BLVD.
SUITE CD
TAMPA, FL 33647

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOUIDAR, SAMIR M.D.
17814 ST. LUCIA ISLE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

DOUIDAR, SAMIR M.D.
10359 CROSS CREEK BLVD.
SUITE CD
TAMPA, FL 33647 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: SAMIR DOUIDAR 01/13/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DOUIDAR, SAMIR
Address: 17814 ST. LUCIA ISLE
City-St-Zip: TAMPA, FL 33647

Title: D ( ) Delete
Name: ZAYED, ABLA
Address: 17814 ST. LUCIA ISLE
City-St-Zip: TAMPA, FL 33647

Title: VPST (X) Delete
Name: LATIF, HAMID
Address: 5008 WESLEY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: LATIF, HAMID
Address: 5008 WESLEY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D (X) Delete
Name: LATIF, MARION
Address: 5008 WESLEY DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: DOUIDAR, SAMIR
Address: 10359 CROSS CREEK BLVD.- SUITE CD
City-St-Zip: TAMPA, FL 33647

Title: D (X) Change ( ) Addition
Name: ZAYED, ABLA
Address: 10359 CROSS CREEK BLVD.- SUITE CD
City-St-Zip: TAMPA, FL 33647

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

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

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 Chapter 119, 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: SAMIR DOUIDAR DP 01/13/2006
Electronic Signature of Signing Officer or Director Date