


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # P05000037680	
1. Entity Name NIGHT OWL PEDIATRICS, P.A.	

Principal Place of Business 10359 CROSS CREEK BLVD. SUITE CD TAMPA, FL 33647	Mailing Address 10359 CROSS CREEK BLVD. SUITE CD TAMPA, FL 33647
---	---



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DOUIDAR, SAMIR M.D. 10359 CROSS CREEK BLVD. SUITE CD TAMPA, FL 33647
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOUIDAR, SAMIR 10359 CROSS CREEK BLVD.- SUITE CD TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYED, ABLA 10359 CROSS CREEK BLVD.- SUITE CD TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000603916
01/28/07-80034-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Samir Douidar, M.D. 1/22/2007 (813) 994-0044