

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000037680

1. Entity Name
NIGHT OWL PEDIATRICS, P.A.



FILED

08 MAR 10 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**10359 CROSS CREEK BLVD.
SUITE CD
TAMPA, FL 33647**

Mailing Address
**10359 CROSS CREEK BLVD.
SUITE CD
TAMPA, FL 33647**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
PO Box 49155

Suite, Apt. #, etc.

City & State
Tampa FL

Zip
33646

Country

02252008 Chg-P CR2E034 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

Amended AR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DOUIDAR, SAMIR 10359 CROSS CREEK BLVD.- SUITE CD TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800120811078 03/20/08--01012--025 **\$61.25
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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: **Sami Douidar**, Director **03/03/2008**

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