2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P05000037680

Entity Name: NIGHT OWL PEDIATRICS, P.A.

Current Principal Place of Business:

10359 CROSS CREEK BLVD.
SUITE CD
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49155
TAMPA, FL 33646

New Mailing Address:

FEI Number: 20-2486643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOUIDAR, SAMIR M.D.
10359 CROSS CREEK BLVD.
SUITE CD
TAMPA, FL 33647 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

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: SAMIR DOUIDAR DP 04/28/2011

Electronic Signature of Signing Officer or Director — Date