2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P05000108045

Entity Name: NITE OWL PEDIATRICS, INC.

Current Principal Place of Business:

3242 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2140 EAST EDGEWOOD DRIVE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 01-0840689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, JOSEPH A
3500 SOUTH FLORIDA AVENUE
SUITE 3
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

RAY, DOROTHY J
2140 EAST EDGEWOOD DR
LAKELAND, FL 33803 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: DOROTHY J RAY 04/18/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RAY, DOROTHY H
Address: 6230 ASHLEY DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: PARKER, DANE V
Address: 6720 CREWS WOOD LANE
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete
Name: DODDS, TERRY
Address: 2958 DUNHILL CIRCLE
City-St-Zip: LAKELAND, FL 33807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DOROTHY J RAY MD PRES 04/18/2007
Electronic Signature of Signing Officer or Director Date