


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90002 004 \*\*\*150.00

<b>DOCUMENT # P05000119064</b> 1. Entity Name <b>MARGATE PEDIATRICS, P.A.</b>					
Principal Place of Business <b>5100 W. COPANS ROAD SUITE 800 MARGATE, FL 33063</b>			Mailing Address <b>5100 W. COPANS ROAD SUITE 800 MARGATE, FL 33063</b>		
2. Principal Place of Business <b>As above</b>			3. Mailing Address <b>As above</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number <b>84-1690692</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>KAPLAN, ESQ., HAROLD E 1515 UNIVERSITY DRIVE SUITE 214 CORAL SPRINGS, FL 33071</b>				7. Name and Address of New Registered Agent Name <b>MARGATE Pediatrics P-A</b> Street Address (P.O. Box Number is Not Acceptable) <b>5100 WEST COPANS ROAD SUITE 800</b> City <b>MARGATE</b> FL Zip Code <b>33063</b>	
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 <u><b>A. Asad</b></u> DATE <b>8/17/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASAD, ALIYA 5100 W. COPANS ROAD SUITE 800 MARGATE, FL 33063	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><b>A. Asad ALIYA ASAD</b></u> <b>8/17/06</b> <b>9549754611</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

50026497

***Margate Pediatrics***

***Aliya Asad, M.D., F.A.A.P.***

*Diplomate American Board of Pediatrics*

Office: (954) 975-4611

Fax: (954) 975-4079

5100 West Copans Road

Suite 800

Margate, Florida 33063

August 16, 2006

Division of Corporations

P.O. Box 1500

Tallahassee, Florida 32302 - 1500

Reference: Document Number: P05000119064

Margate Pediatrics, P.A.

5100 West Copans Road

Suite 800

Margate, Florida 33063

To Whom It May Concern:

I am writing today to bring to your attention that I never received any previous Annual Report statement in the mail. The first and only Annual Report I have received at my current business address was within the last two weeks of this month (August 2006). I am requesting a waiver of \$400 late payment penalty on grounds that I haven't received timely notification of the filing requirement. Enclosed, I am sending a check of \$150, the original Annual Report filing fee.

Thank you in advance for your kind consideration and assistance.



Aliya Asad, M.D., F.A.A.P.

Margate Pediatrics

5100 West Copans Road

Suite 800

Margate, Florida 33063