

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

DOCUMENT # P05000119064		
1. Entity Name MARGATE PEDIATRICS, P.A.		

Principal Place of Business 5100 W. COPANS ROAD SUITE 800 MARGATE, FL 33063	Mailing Address 5100 W. COPANS ROAD SUITE 800 MARGATE, FL 33063
---	---

2. Principal Place of Business <i>As above</i>	3. Mailing Address <i>As above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

50026497



08142006	Chg-P	CR2E034 (11/05)
4. FEI Number 84-1690692	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KAPLAN, ESQ., HAROLD E 1515 UNIVERSITY DRIVE SUITE 214 CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent  Name <i>MARGATE Pediatrics P-A</i> Street Address (P.O. Box Number is Not Acceptable) <i>5100 WEST COPANS ROAD</i> <i>SUITE 800</i> City <i>MARGATE</i> FL Zip Code <i>33063</i>
---	---

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.

*A. Asad.*

*8/17/06*

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<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
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
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
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
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:** *A. Asad ALIAA ASAD. 8/17/06 9549754611*

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

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