

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162921

FILED
Feb 02, 2006
Secretary of State

Entity Name: TARPON SPRINGS PEDIATRICS, INC.

Current Principal Place of Business:

36432 US HIGHWAY 19 N.
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

36432 US HIGHWAY 19 N.
PALM HARBOR, FL 34683 US

New Mailing Address:

36432 US HIGHWAY 19 N.
PALM HARBOR, FL 34684 US

FEI Number: 20-3939441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIDALGO, CARLOS
36432 US HIGHWAY 19 N.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

HIDALGO, CARLOS
36432 US HIGHWAY 19 N.
PALM HARBOR, FL 34684 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:

02/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: HIDALGO, CARLOS
Address: 36432 US HIGHWAY 19 N.
City-St-Zip: PALM HARBOR, FL 34683 US

Title: D () Delete
Name: HIDALGO, CARLOS
Address: 36432 US HIGHWAY 19 N.
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: HIDALGO, CARLOS
Address: 36432 US HIGHWAY 19 N.
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D (X) Change () Addition
Name: HIDALGO, CARLOS
Address: 36432 US HIGHWAY 19 N.
City-St-Zip: PALM HARBOR, FL 34684 US

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: CARLOS A. HIDALGO, MD

PVST

02/02/2006

Electronic Signature of Signing Officer or Director

Date