

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037998

FILED
Apr 10, 2009
Secretary of State

Entity Name: ANASTASIA PEDIATRICS, P.A.

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE
203
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

248 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

1301 PLANTATION ISLAND DRIVE
SUITE 203
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

313 OCEAN FOREST DRIVE
ST. AUGUSTINE, FL 32080 US

FEI Number: 11-3773304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE FARAH LAW FIRM, P.A.
8823 SAN JOSE BOULEVARD
207
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

THE FARAH LAW FIRM, P.A.
1506 PRUDENTIAL DRIVE
2ND FLOOR
JACKSONVILLE, FL 32207 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: JAMES E. FARAH, ESQ.

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MANIKAL, MONALI
Address: 1301 PLANTATION ISLAND DRIVE, SUITE 203
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MANIKAL, MONALI
Address: 248 SOUTHPARK CIRCLE EAST
City-St-Zip: ST. AUGUSTINE, FL 32086 US

I hereby certify that the information supplied with this filing does not qualify 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: MONALI MANIKAL, M.D. /JEF

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date