

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000049561

FILED
Apr 28, 2007
Secretary of State

Entity Name: CARING PEDIATRICS, P.A.

Current Principal Place of Business:

19923 WYNDMILL CIRCLE
ODESSA, FL 33556

New Principal Place of Business:

4439 ROWAN ROAD
NEW PORT RICHEY, FL 34653

Current Mailing Address:

19923 WYNDMILL CIRCLE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-4642044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY ESQ.
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: JARA, AUDREY U MD
Address: 19923 WYNDMILL CIRCLE
City-St-Zip: ODESSA, FL 33556 US

Title: D () Change (X) Addition
Name: MCCAULEY, LANA L MD
Address: 19923 WYNDMILL CIRCLE
City-St-Zip: ODESSA, FL 33556 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: AUDREY JARA

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date