

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000049570

Entity Name: INGRAM PEDIATRICS, P.A.

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4101 SOUTH HOSPITAL DRIVE  
SUITE 12  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

4101 SOUTH HOSPITAL DRIVE  
SUITE 12  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 20-4642093

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: PRES  
Name: INGRAM, DEBORAH E M.D.  
Address: 4101 SOUTH HOSPITAL DRIVE, SUITE 12  
City-St-Zip: PLANTATION, FL 33317 US

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH E INGRAM

PRES

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date