

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058021

FILED
Apr 22, 2009
Secretary of State

Entity Name: CITRUS COUNTY PEDIATRICS, INC.

Current Principal Place of Business:

585 SE HWY 19
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

585 SE HWY 19
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 68-0627964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, MARCY L MD
1860 NW 18TH COURT
CRYSTAL RIVER, FL 34428 US

Name and Address of New Registered Agent:

HOWARD, MARCY L MD
1302 SE PARADISE AVE
CRYSTAL RIVER, FL 34429 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOWARD, MARCY L MD
Address: 1860 NW 18TH COURT
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: SEC () Delete
Name: HOWARD, MARCY L MD
Address: 1860 NW 18TH COURT
City-St-Zip: CRYSTAL RIVER, FL 34428 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWARD, MARCY L MD
Address: 1302 SE PARADISE AVE
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: SEC (X) Change () Addition
Name: HOWARD, MARCY L MD
Address: 1302 SE PARADISE AVE
City-St-Zip: CRYSTAL RIVER, FL 34429 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: MARCY L HOWARD MD

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date