

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058021

**FILED**  
**Feb 18, 2011**  
**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:**

700 SE 5TH TERRACE  
SUITE #3  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

585 SE HWY 19  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

700 SE 5TH TERRACE  
SUITE #3  
CRYSTAL RIVER, FL 34429

**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  
1302 SE PARADISE AVE  
CRYSTAL RIVER, FL 34429 US

**Name and Address of New Registered Agent:**

HOWARD, MARCY L MD  
10055 N DAYLILY TERRACE  
CRYSTAL RIVER, FL 34428 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: MARCY L HOWARD

02/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOWARD, MARCY L MD  
Address: 10055 N DAYLILY TERRACE  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: SEC  
Name: HOWARD, MARCY L MD  
Address: 10055 N DAYLILY TERRACE  
City-St-Zip: CRYSTAL RIVER, FL 34428 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: MARCY LEE HOWARD

P

02/18/2011

Electronic Signature of Signing Officer or Director

Date