

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000096477

Entity Name: PERSONAL PEDIATRICS, P.A.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

7051 DR. PHILLIPS BLVD  
SUITE #1  
ORLANDO, FL 32819

**New Principal Place of Business:**

7051 DR PHILLIPS BLVD  
SUITE 1  
ORLANDO, FL 32819

**Current Mailing Address:**

**New Mailing Address:**

FEI Number: 20-5250639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CHAIRES AND HAMMOND PL  
283 CRANES ROOST BLVD  
SUITE 165  
ALTMONTE SPRINGS, FL 32701 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: DR      ( ) Delete  
Name: PRICEMAN, GERALD PRES  
Address: 9032 GREAT HERON CIRCLE  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERALD PRICEMAN, M.D.

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date