

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124870

FILED  
Mar 12, 2010  
Secretary of State

Entity Name: CLERMONT PEDIATRICS, P.A.

**Current Principal Place of Business:**

1755 EAST HIGHWAY 50  
SUITE A  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1755 EAST HIGHWAY 50  
SUITE A  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 74-3243079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KANE, STEVEN H  
557 NORTH WYMORE ROAD  
SUITE 1000  
MAITLAND, FL 32751 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: D  
Name: PATEL, MONA P  
Address: 1755 EAST HIGHWAY 50, SUITE A  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: USMANI, FARAH  
Address: 1755 EAST HIGHWAY 50, SUITE A  
City-St-Zip: CLERMONT, FL 34711

Title: D  
Name: MENDIRATTA, VIPIN  
Address: 1755 EAST HIGHWAY 50, SUITE A  
City-St-Zip: CLERMONT, FL 34711

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: MONA PATEL

DR

03/12/2010

Electronic Signature of Signing Officer or Director

Date