

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000047899

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** ROYAL PALM PEDIATRICS CORP.

**Current Principal Place of Business:**

11903 SOUTHERN BLVD., SUITE 118  
ROYAL PALM BCH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

11903 SOUTHERN BLVD., SUITE 118  
ROYAL PALM BCH, FL 33411

**New Mailing Address:**

**FEI Number:** 26-2600293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOHAN, GOMATHY  
11903, SOUTHERN BLVD.,  
118  
ROYAL PALM BEACH, FL 33411 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:** RAMANATHAN, MOHAN  
**Address:** 11903 SOUTHERN BLVD., SUITE 118  
**City-St-Zip:** ROYAL PALM BCH, FL 33411

**Title:** D  
**Name:** MOHAN, GOMATHY  
**Address:** 11903 SOUTHERN BLVD., SUITE 118  
**City-St-Zip:** ROYAL PALM BCH, FL 33411

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:** GOMATHY MOHAN

D

02/18/2010

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

\_\_\_\_\_  
Date