2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# P08000090652

Entity Name: LONGLEAF PEDIATRICS, P.A.

Current Principal Place of Business:

1065 TORCHWOOD DRIVE
DELAND, FL 32724

New Principal Place of Business:

103 BIRCH AVENUE
ORANGE CITY, FL 32763

Current Mailing Address:

1065 TORCHWOOD DRIVE
DELAND, FL 32724

New Mailing Address:

FEI Number: 26-3432925 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORDMAN, MICHAEL P
112 N. FLORIDA AVENUE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

BURNS, VALERIE C
1065 TORCHWOOD DRIVE
DELAND, FL 32724 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: VALERIE C BURNS 04/02/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: BURNS, VALERIE
Address: 1065 TORCHWOOD DRIVE
City-St-Zip: DELAND, FL 32724

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: VALERIE C BURNS PSD 04/02/2009
Electronic Signature of Signing Officer or Director Date