

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000090652

**Entity Name:** LONGLEAF PEDIATRICS, P.A.

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

103 BIRCH AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 740715  
ORANGECITY, FL 32774 US

**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:**

BURNS, VALERIE C  
1065 TORCHWOOD DRIVE  
DELAND, FL 32724 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

**OFFICERS AND DIRECTORS:**

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

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: VALERIE BURNS

PSD

04/17/2011

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

\_\_\_\_\_  
Date