2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2010
Secretary of State

DOCUMENT# P09000010179

Entity Name: MAHONEY PEDIATRICS, P.A.

Current Principal Place of Business:

PALMS WEST PROFESSION CENTER IV,STE 100
12983 SOUTHERN BLVD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

12983 SOUTHERN BOULEVARD
100
LOXAHATCHEE, FL 33470

Current Mailing Address:

PALMS WEST PROFESSION CENTER IV,STE 100
12983 SOUTHERN BLVD
LOXAHATCHEE, FL 33470

New Mailing Address:

12983 SOUTHERN BOULEVARD
100
LOXAHATCHEE, FL 33470

FEI Number: 26-4181577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHONEY, KEVIN P
2102 UNION STREET
WEST 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: P
Name: MAHONEY, JONELL Y M.D.
Address: 2102 UNION STREET
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP
Name: MAHONEY, KEVIN P
Address: 2102 UNION STREET
City-St-Zip: WEST PALM BEACH, 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: KEVIN P MAHONEY VP 02/04/2010

Electronic Signature of Signing Officer or Director — Date