

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000082941

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED PEDIATRICS P.A.

**Current Principal Place of Business:**

3712 WINTER GARDEN VINELAND ROAD  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

1755 EAST HIGHWAY 50  
SUITE A  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 27-3674883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

USMANI, FARAH N MD  
1755 EAST HIGHWAY 50  
SUITE A  
CLERMONT, FL 34711 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:** DIR.  
**Name:** PATEL, MONA MD  
**Address:** 1755 EAST HIGHWAY 50, SUITE A  
**City-St-Zip:** CLERMONT, FL 34711

**Title:** DIR.  
**Name:** USMANI, FARAH N MD  
**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:** FARAH USMANI

DIR

01/10/2012

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

\_\_\_\_\_  
Date