

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000060927

FILED
Jan 16, 2009
Secretary of State

Entity Name: PEDIATRIC ASSOCIATES OF OCALA, P.A.

Current Principal Place of Business:

2725 SE MARICAMP RD
OCALA, FL 34471

New Principal Place of Business:

1329 SE 25TH LOOP, SUITE 101
OCALA, FL 34471

Current Mailing Address:

2725 SE MARICAMP RD
OCALA, FL 34471

New Mailing Address:

1329 SE 25TH LOOP, SUITE 101
OCALA, FL 34471

FEI Number: 59-3324260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAUT, BRUCE H MD PA
2725 SE MARICAMP RD
OCALA, FL 34471 US

Name and Address of New Registered Agent:

KRAUT, BRUCE H MD PA
1329 SE 25TH LOOP, SUITE 101
OCALA, FL 34471 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: BRUCE H. KRAUT, MD

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KRAUT, BRUCE H MD
Address: 2725 SE MARICAMP RD
City-St-Zip: OCALA, FL 34471

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KRAUT, BRUCE H MD
Address: 1329 SE 25TH LOOP, SUITE 101
City-St-Zip: OCALA, FL 34471

Title: D () Change (X) Addition
Name: PARK, EDYTHE B MD
Address: 1329 SE 25TH LOOP, SUITE 101
City-St-Zip: OCALA, FL 34471

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: BRUCE H. KRAUT, MD

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date