


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000085046	
1. Entity Name ALL PEDIATRIC CARE, P.A.	

Principal Place of Business 225 MARINER BLVD SPRING HILL, FL 34609	Mailing Address 225 MARINER BLVD SPRING HILL, FL 34609
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**DO NOT WRITE IN THIS SPACE**



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3343389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JANDALI, IMAN N M.D. 225 MARINER BLVD BROOKSVILLE, FL 34609n
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000087900  
 03/15/04-80029-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANDALI, IMAD N M.D. 225 MARINER BLVD BROOKSVILLE, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZUHDI, AHMAD MD 225 MARINER BLVD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMI, MUHAMMAD K MD 225 MARINER BLVD SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALSHAAR, AYHAM MD 11373 CORTEZ BLVD #409 BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Date: 3/12/04	Daytime Phone #: 352 628 0100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		