

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085046

FILED
Aug 12, 2005
Secretary of State

Entity Name: ALL PEDIATRIC CARE, P.A.

Current Principal Place of Business:

225 MARINER BLVD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

225 MARINER BLVD
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 59-3343389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANDALI, IMAN N M.D.
225 MARINER BLVD
BROOKSVILLE, FL 34609n US

Name and Address of New Registered Agent:

JANDALI, IMAN N M.D.
225 MARINER BLVD
BROOKSVILLE, FL 34609N 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:

Electronic Signature of Registered Agent

08/12/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JANDALI, IMAD N M.D.
Address: 225 MARINER BLVD
City-St-Zip: BROOKSVILLE, FL 34609

Title: V () Delete
Name: ZUHDI, AHMAD MD
Address: 225 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: V () Delete
Name: SAMI, MUHAMMAD K MD
Address: 225 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: V () Delete
Name: ALSHAAR, AYHAM MD
Address: 11373 CORTEZ BLVD #409
City-St-Zip: BROOKSVILLE, FL 34613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: ALIBRAHIM, AYMAN
Address: 11375 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IMAD JANDALI

Electronic Signature of Signing Officer or Director

MD

08/12/2005

Date