


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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



01042008 No Chg-P CR2E034 (11/05)

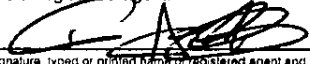
4. FEI Number 59-3343389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE 1/17/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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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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 11375 CORTEZ BLVD BROOKSVILLE, FL 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/08-80020-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1/17/08

SIGNATURE AND ADDRESS PRINTED NAME OF SIGNING OFFICER OR DIRECTOR