

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085046

Entity Name: ALL PEDIATRIC CARE, P.A.

FILED  
Feb 27, 2009  
Secretary of State

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

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  
Address: 11375 CORTEZ BLVD  
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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IMAD N. JANDALI, M.D.

D

02/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date