

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085046

FILED  
Apr 13, 2012  
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, 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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: MD  
Name: ALSHAAR, AYHAM  
Address: 11333 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613

I hereby 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 all other like empowered.

SIGNATURE: IMAD JANDALI, M.D., FAAP.

PRES

04/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date