

*** AMENDED ***

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


03-07-2003 90115 037 ****61.25
P95000085046

03 MAR 13 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 95 0000 85046

1. Entity Name
All Pediatric Care, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
225 Mariner Blvd.
Suite, Apt. #, etc.

3. Mailing Address
225 Mariner Blvd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Spring Hill FL

City & State
Spring Hill FL

4. FEI Number
59-3343389

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip
34609

Country
Hernando

Zip
34609

Country
Hernando

7. Name and Address of Current Registered Agent

Name
Imad N. Jandali, M.D.

Street Address (P.O. Box Number is Not Applicable)
225 Mariner Blvd.

City & State
Spring Hill FL

Zip Code
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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature is required when selecting)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE	Imad N. Jandali, M.D.	TITLE	
NAME	Imad N. Jandali, M.D.	NAME	
STREET ADDRESS	225 Mariner Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill FL 34609	CITY-ST-ZIP	
TITLE	Ahmad Zuhdi, M.D.	TITLE	
NAME	Ahmad Zuhdi, M.D.	NAME	
STREET ADDRESS	225 Mariner Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill FL 34609	CITY-ST-ZIP	
TITLE	Muhammad K. Sami, M.D.	TITLE	
NAME	Muhammad K. Sami, M.D.	NAME	
STREET ADDRESS	225 Mariner Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill FL 34609	CITY-ST-ZIP	
TITLE	Ahham Alshagr, M.D.	TITLE	
NAME	Ahham Alshagr, M.D.	NAME	
STREET ADDRESS	1373 Cortez Blvd. # 409	STREET ADDRESS	
CITY-ST-ZIP	Brooksville FL 34613	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1/30/03

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all the like empowered.

SIGNATURE: _____ DATE: 1/30/03

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)