

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022183

**FILED**  
**Jan 13, 2008**  
**Secretary of State**

**Entity Name:** NATURE COAST PEDIATRICS, INC.

**Current Principal Place of Business:**

512 N.LECANTO HWY.  
LECANTO, FL 34460

**New Principal Place of Business:**

512 N.ORTH LECANTO HWY.  
STE.512  
LECANTO, FL 34461

**Current Mailing Address:**

P.O. BOX 490  
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

7410 W. GULF TO LAKE HWY  
CRYSTAL RIVER, FL 34429 US

**FEI Number:** 59-3329336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JENNIFER JONES CPA PA  
7410 W GULF TO LAKE HIGHWAY  
CRYSTAL RIVER, FL 34429 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: PD ( ) Delete  
Name: BHUSHAN, KOMALA NAGA M.D.  
Address: 556 W. BRITAIN ST.  
City-St-Zip: HERNANDO, FL 34442

Title: DST ( ) Delete  
Name: BEGUR, NAGABHUSHAN M  
Address: 556 W. BRITAIN ST.  
City-St-Zip: HERNANDO, FL 34442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BHUSHAN, KOMALA N M.D.  
Address: 556 W. BRITAIN ST.  
City-St-Zip: HERNANDO, FL 34442

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:** NAGABHUSHAN M BEGUR

DST

01/13/2008

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

\_\_\_\_\_  
Date