## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000022183

HERNANDO, FL 34442

City-St-Zip:

Entity Name: NATURE COAST PEDIATRICS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
512 N.ORTH LECANTO HWY. STE.512 LECANTO. FL 34461			STE.512	512 NORTH LECANTO HWY. STE.512 LECANTO. FL 34461	
,			,		
Current M	lailing Addre	SS:	New Mailing Address	5:	
	GULF TO LA RIVER, FL 34				
FEI Number	: 59-3329336	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
7410 W G CRYSTAL The above	R JONES CPA ULF TO LAKE RIVER, FL 3- named entity of Florida.	HIGHWAY 1429 US	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RF.				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( BHUSHAN, KO 556 W. BRITAI HERNANDO, F	N ST.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	DST ( BEGUR, NAGA 556 W. BRITA		Title: Name: Address:	( ) Change ( ) Addition	

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 S 01/14/2009