

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG 25 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08192008 Chg-P CR2E034 (12/06)

DOCUMENT # P96000091505 1. Entity Name THE CLINIC OF PEDIATRICS AND GI MEDICINE, INC.					
Principal Place of Business 102 MEDICAL CENTER DRIVE PANAMA CITY, FL 32405			Mailing Address 102 MEDICAL CENTER DRIVE PANAMA CITY, FL 32405		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3412169	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEINOMAR, MOHAMMED M 102 MEDICAL CENTER DR PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE </div>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ZEINOMAR, MOHAMMED 102 MEDICAL CENTER DRIVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 1.2em;"> 300135281763 09/03/08-01012-010 **\$61.25 </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHAH, PARUL 102 MEDICAL CENTER DRIVE PANAMA CITY, FL 32405 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ZEINOMAR, RAZAN 102 MEDICAL CENTRAL DR PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		<div style="float: right; text-align: right;"> 8/20/08 (850) 913-1666 <small>Date Daytime Phone #</small> </div>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					