

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000063321

1. Entity Name
PAI PEDIATRICS, P.A.



Principal Place of Business
9803 ST AUGUSTINE RD
SUITE 8
JACKSONVILLE, FL 32257 US

Mailing Address
8082 SHADY GROVE
JACKSONVILLE, FL 32256

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3457488

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PLEIMAN & COMPANY, P.A.
9471 BAYMEADOWS RD., STE 308
JACKSONVILLE, FL 32256

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

U00000954049
07/10/08-80009-007 550.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME PAI, ASHA
STREET ADDRESS 8082 SHADY GROVE
CITY-ST-ZIP JACKSONVILLE, FL 32256

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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: _____

Ashley K. Pais
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/08

Date

904-288-0000

Daytime Phone #