

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060933

Entity Name: PALM BAY PEDIATRICS, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

775 MALABAR RD  
MALABAR, FL 32950 US

**New Principal Place of Business:**

**Current Mailing Address:**

775 MALABAR RD  
MALABAR, FL 32950 US

**New Mailing Address:**

FEI Number: 59-3520087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEEDY, DORIS  
7635 SMITH LANE  
MALABAR, FL 32950 US

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

LEEDY, DORIS  
2635 SMITH LANE  
MALABAR, FL 32950 US

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

04/29/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEEDY, DORIS M  
Address: 775 MALABAR RD  
City-St-Zip: MALABAR, FL 32950

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

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: DORIS LEEDY MD

Electronic Signature of Signing Officer or Director

PRES

04/29/2009

Date