



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000089106	
1. Entity Name MILLA PEDIATRICS AND ASSOCIATES, INC.	

Principal Place of Business 6400 WEST NEWBERRY ROAD, SUITE 207 GAINESVILLE, FL 32605	Mailing Address 6400 WEST NEWBERRY ROAD, SUITE 207 GAINESVILLE, FL 32605
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DO NOT WRITE IN THIS SPACE

	
04302008	No Chg-P CR2E034 (11/05)
4. FEI Number 59-3537428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLA, PAULINO 6400 WEST NEWBERRY ROAD, SUITE 207 GAINESVILLE, FL 32605
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

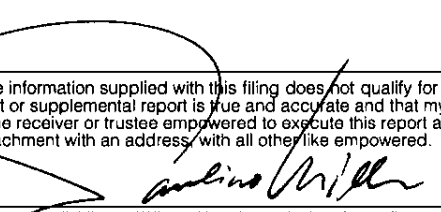
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLA, PAULINO 10801 SW 18 LANE GAINESVILLE, FL 32607
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05/27/08-80092-014 150.00

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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:  **PAULINO Milla** 4/30/08 (352) 332-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #