

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089106

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** MILLA PEDIATRICS AND ASSOCIATES, INC.

**Current Principal Place of Business:**

1847 SW BARNETT WAY  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

1847 SW BARNETT WAY  
LAKE CITY, FL 32025

**New Mailing Address:**

FEI Number: 59-3537428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILLA, PAULINO  
1847 SW BARNETT WAY  
LAKE CITY, FL 32025 US

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

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

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MILLA, PAULINO  
Address: 10560 CRESTON GLEN CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: PAULINO MILLA

MD

02/07/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date