


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000068419 1. Entity Name ISLAND PEDIATRICS, P.A.	
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Principal Place of Business 960 37TH PLACE SUITE 101 VERO BEACH, FL 32960-6586	Mailing Address 960 37TH PLACE SUITE 101 VERO BEACH, FL 32960-6586
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01262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3593054	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DOWNEY, KEVIN L
2631 NW 41ST ST
SUITE B-2
GAINESVILLE, FL 32606**

**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 _____ (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. ☐ **\$5.00** May Be Added to Fees

**U000000808168
02/07/08-80035-021 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'TOOLE, SUSAN 177 RIVERWIND CIRCLE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALLON, GENEVIEVE C 145 RIVERWAY DRIVE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Susan Bauer O'toole m.d.* **SUSAN BAUER O'TOOLE, M.D.** 1/27/08 (772) 562-5662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #