

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03686

FILED
Apr 19, 2010
Secretary of State

Entity Name: ALTAMONTE PEDIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

475 OSCEOLA STREET
SUITE 1100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

475 OSCEOLA STREET
SUITE 1100
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3097802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M.
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP
Name: ZISSMAN, EDWARD N.
Address: 475 OSCEOLA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DS
Name: HARRIS, BRIAN
Address: 475 OSCEOLA AT
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV
Name: SOVEN, WAYNE
Address: 475 OSCEOLA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: T
Name: MC LEMORE, CHERYL
Address: 475 OSCEOLA STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: EDWARD ZISSMAN

DP

04/19/2010

Electronic Signature of Signing Officer or Director

Date