

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000117169

**FILED  
Jan 27, 2014  
Secretary of State  
CC6626547753**

**Entity Name:** ALLIANCE PEDIATRICS, P.A.

**Current Principal Place of Business:**

4627 N.W. 53RD AVENUE  
GAINESVILLE, FL 32653

**Current Mailing Address:**

4627 N.W. 53RD AVENUE  
GAINESVILLE, FL 32653

**FEI Number: 11-3658974**

**Certificate of Status Desired: Yes**

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

SARANTOS, KATHERYN M.D.  
4627 N.W. 53RD AVENUE  
GAINESVILLE, FL 32653 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

Date

**Officer/Director Detail :**

Title D  
Name MAS, OLGA M.D.  
Address 4627 N.W. 53RD AVENUE  
City-State-Zip: GAINESVILLE FL 32653

Title D  
Name SARANTOS, KATHERYN M.D.  
Address 4627 N.W. 53RD AVENUE  
City-State-Zip: GAINESVILLE FL 32653

Title D  
Name MASSIAS, MICHELLE MD  
Address 4627 NW 53RD AVE  
City-State-Zip: GAINESVILLE FL 32653

*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: KATHERYN SARANTOS, MD**

**PRESIDENT**

**01/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date