

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000071113

**Entity Name:** SUMTER PEDIATRICS PA

**Current Principal Place of Business:**

617 S US HWY 301  
SUITE B  
SUMTERVILLE, FL 33585

**Current Mailing Address:**

265 CITRUS TOWER BLVD  
SUITE 102  
CLERMONT, FL 34711

**FEI Number:** 47-1683504

**Certificate of Status Desired:** No

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

AFZAL, MOHAMMAD DR  
265 CITRUS TOWER BLVD  
SUITE 102  
CLERMONT, FL 34711 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:** MOHAMMAD AFZAL

02/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name AFZAL, MOHAMMAD DR  
Address 265 CITRUS TOWER BLVD SUITE 102  
City-State-Zip: CLERMONT FL 34711

Title VP  
Name AFZAL, NADIA  
Address 265 CITRUS TOWER BLVD, SUITE 102  
City-State-Zip: CLERMONT FL 34711

*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:** MOHAMMAD AFZAL

MD

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date