2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2011
Secretary of State

DOCUMENT# 526338

Entity Name: NORTH FLORIDA PEDIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

1633 PHYSICIANS DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1633 PHYSICIANS DR.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-1724669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, FRANK, C., JR., MD
1633 PHYSICIANS DR.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

WILLIAM P. SIMMONS, MD
1633 PHYSICIANS DR.
TALLAHASSEE, FL 32308 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: WILLIAM P. SIMMONS 03/01/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WILLIAM P. SIMMONS, MD
Address: 1633 PHYSICIANS DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD
Name: ANNA T. KOEPPEL, MD
Address: 1633 PHYSICIANS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: TREA
Name: FRANK C. WALKER, MD
Address: 1633 PHYSICIANS DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: WILLIAM P. SIMMONS, MD PD 03/01/2011
Electronic Signature of Signing Officer or Director Date