

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 604935 (7)

1. Corporation Name
PEDIATRIC ASSOCIATES, P.A.



Principal Place of Business 5190 BAYOU BLVD., SUITE 7 PENSACOLA FL 32503	Mailing Address 5190 BAYOU BLVD., SUITE 7 PENSACOLA FL 32503
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1974	
21 Suite, Apt #, etc	22 City & State	23 Zip	24 Country	25 Suite, Apt #, etc	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 59-1509884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCWILLIAMS, NEIL 5190 BAYOU BLVD., SUITE 7 PENSACOLA FL 32503				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWILLIAMS, NEIL	1.2 NAME	
STREET ADDRESS	5190 BAYOU RD., SUITE 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGNEREY, THOMAS	2.2 NAME	
STREET ADDRESS	5190 BAYOU RD., SUITE 7	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, THOMAS G	3.2 NAME	
STREET ADDRESS	5190 BAYOU RD., SUITE 7	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICARDI, MERCEDES	4.2 NAME	
STREET ADDRESS	5190 BAYOU RD., SUITE 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, PATRICK	5.2 NAME	
STREET ADDRESS	5190 BAYOU RD., SUITE 7	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE: *Neil McWilliams MD* Neil McWilliams MD 1/20/98 850-498-1104

CFR2034 (1097)