


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 604935**  
 1. Entity 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



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1509884	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MCWILLIAMS, NEIL  
 5190 BAYOU BLVD., SUITE 7  
 PENSACOLA, FL 32503

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000028473  
 02/04/04-80027-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCWILLIAMS, NEIL 5190 BAYOU BLVD. SUITE 7 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGNEREY, THOMAS 5190 BAYOU BLVD., SUITE 7 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, PATRICK 5190 BAYOU BLVD., SUITE 7 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAALOUK, DINA 5190 BAYOU BLVD., SUITE 7 PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neil McWilliams 01/29/2004 850-478-1104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #