

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604935

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** PEDIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

5190 BAYOU BLVD., SUITE 7  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

5190 BAYOU BLVD., SUITE 7  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 59-1509884

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

MURRAY, PATRICK  
5190 BAYOU BLVD.  
7  
PENSACOLA, FL 32503 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: PATRICK MURRAY

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MURRAY, PATRICK  
Address: 5190 BAYOU BLVD. SUITE 7  
City-St-Zip: PENSACOLA, FL 32503

Title: VD  
Name: BENNY, ULRIKE  
Address: 5190 BAYOU BLVD., SUITE 7  
City-St-Zip: PENSACOLA, FL 32503

Title: SD  
Name: CORDELL, JENEILE  
Address: 5190 BAYOU BLVD., SUITE 7  
City-St-Zip: PENSACOLA, FL 32503

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: PATRICK MURRAY, MD

PD

01/03/2012

Electronic Signature of Signing Officer or Director

Date