

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90010 008 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09119

1. Corporation Name

PENSACOLA PEDIATRICS, P.A.

Principal Place of Business

**4951 GRANDE DRIVE
1717 NORTH E ST. STE 500
PENSACOLA FL 32504
US**

Mailing Address

**4951 GRANDE DRIVE
1717 NORTH E ST. STE 500
PENSACOLA FL 32504
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1988

4. FEI Number

59-2864937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLUBSS, ROGER C.
1717 NORTH E ST.
SUITE 500
PENSACOLA FL 32504**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **JONGKO, GERMELINA D., MD**
STREET ADDRESS **204 CENTER DR.**
CITY-ST-ZIP **GULF BREEZE FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Dean, Philip C., MD**
1.3 STREET ADDRESS **2625 Cambridge Circle**
1.4 CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **P** ☐ DELETE

NAME **CLUBBS, ROGER C., M.D.**
STREET ADDRESS **3240 HYDE PARR RD.**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Klein, Pamela M., MD**
2.3 STREET ADDRESS **1105 Laguna Lane**
2.4 CITY-ST-ZIP **Gulf Breeze, FL 32561**

TITLE **ST** ☐ DELETE

NAME **ATWELL, BERNARD L., M.D.**
STREET ADDRESS **6021 HERMITAGE DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 an address.

SIGNATURE: **CLUBBS, ROGER C.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-28-99 **850-473-0100**

0113354

CR2E034 (5/99)