

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # K09119					
1. Entity Name PENSACOLA PEDIATRICS, P.A.					
Principal Place of Business 4951 GRANDE DRIVE PENSACOLA FL 32504 US			Mailing Address 4951 GRANDE DRIVE PENSACOLA FL 32504 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2864937	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DEAN, PHILIP C 4951 GRANDE DR PENSACOLA FL 32504				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 1 Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CLUBBS, ROGER C., M.D.		NAME		
STREET ADDRESS	3240 HYDE PARR RD.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ATWELL, BERNARD L., M.D.		NAME		
STREET ADDRESS	6021 HERMITAGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	DEAN, PHILIP C		NAME		
STREET ADDRESS	2625 TAMBRIDGE CIR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Add
NAME	KLEIN, PAMELA M		NAME		
STREET ADDRESS	1105 LAGUNA LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LENGA, HEATHER		NAME		
STREET ADDRESS	3557 RIDDICK DR		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Add
NAME	REESE, RANDALL E MD		NAME		
STREET ADDRESS	2966 DUKE DR.		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-06