## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2007 8:00 am Secretary of State DOCUMENT # K09119 04-13-2007 90177 008 \*\*\*150.00 PENSACOLA PEDIATRICS, P.A. Principal Place of Business Mailing Address 4951 GRANDE DRIVE **4951 GRANDE DRIVE** 40060013 PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-2864937 Not Applicable Country Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, PHILIP C Street Address (P.O. Box Number is Not Acceptable) 4951 GRANDE DR PENSACOLA, FL 32504 City 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 SIGNATURE. Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Defete TITLE ☐ Change ☐ Addition CLUBBS, ROGER C., M.D. NAME NAME 3240 HYDE PARR RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL CITY-ST-ZIP Delete ☐ Change ☐ Addition ATWELL, BERNARD L., M.D. NAME NAME 6021 HERMITAGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA, FL ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME DEAN, PHILIP C NAME STREET ADDRESS 2625 TAMBRIDGE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32503 Delete TITLE TITLE ☐ Change ■ Addition KLEIN, PAMELA M NAME NAME STREET ADDRESS STREET ADDRESS 1105 LAGUNA LANE CITY-ST-ZIP GULF BREEZE, FL 32561 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LENGA, HEATHER NAME NAME STREET ADDRESS 3557 RIDDICK DR STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: _
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PENSACOLA, FL 32504

REESE, RANDALL E MD

GULF BREEZE, FL 32561

2966 DUKE DR.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

☐ Delete

4-10-01 Date Daytime Phone

**FILED** 

☐ Change

☐ Addition