2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# K09119

Entity Name: PENSACOLA PEDIATRICS, P.A.

Current Principal Place of Business:

4951 GRANDE DRIVE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

4951 GRANDE DRIVE
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-2864937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN, PHILIP C
4951 GRANDE DR
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

KLEIN, PAMELA M
4951 GRANDE DR
PENSACOLA, FL 32504 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: PAMELA M. KLEIN M.D. 02/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: CLUBBS, ROGER C., M., D.
Address: 3240 HYDE PARR RD.
City-St-Zip: PENSACOLA, FL

Title: P ( ) Delete
Name: DEAN, PHILIP C
Address: 2625 TAMBRIDGE CIR
City-St-Zip: PENSACOLA, FL 32503

Title: V ( ) Delete
Name: KLEIN, PAMELA M
Address: 1105 LAGUNA LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: V ( ) Delete
Name: LENGA, HEATHER
Address: 3557 RIDDICK DR
City-St-Zip: PENSACOLA, FL 32504

Title: V ( ) Delete
Name: REESE, RANDALL E MD
Address: 2966 DUKE DR.
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition
Name: CLUBBS, ROGER C., M., D.
Address: 3240 HYDE PARK RD.
City-St-Zip: PENSACOLA, FL

Title: V (X) Change ( ) Addition
Name: DEAN, PHILIP C
Address: 2625 TAMBRIDGE CIR
City-St-Zip: PENSACOLA, FL 32503

Title: P (X) Change ( ) Addition
Name: KLEIN, PAMELA M
Address: 1105 LAGUNA LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILIP C. DEAN M.D. VP 02/24/2009
Electronic Signature of Signing Officer or Director Date