

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K56074 (3)

1. Corporation Name

PEDIATRIC PHYSICIAN SERVICES, INC.



Principal Place of Business

C/O J. DENNIS SEXTON
801 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

Mailing Address

C/O J. DENNIS SEXTON
801 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/06/1989

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2924779

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEXTON, J. DENNIS
801 SIXTH STREET SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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's signature required when changing office)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME SEXTON, DENNIS J.
STREET ADDRESS 801 SIXTH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

T
NAME HOUGHTON, BETH A.
STREET ADDRESS 801 SIXTH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

S
NAME HORTON, R. WILLIAM
STREET ADDRESS 801 SIXTH STREET, SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

TITLE ☐ DELETE

V
NAME COGDELL, JAMES W
STREET ADDRESS 1 RICHLAND MEDICAL PARK, SUITE 330
CITY-ST-ZIP COLUMBIA SC 29203

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BETH A. HOUGHTON TREASURER

4/25/96

898-7451
Day/Time Phone #

CR2E034 (12/95)