2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N99000007021

Entity Name: FLORIDA PEDIATRIC FOUNDATION, INC.

Current Principal Place of Business:

1132 LEE AVE.
TALLAHASSEE, FL 32303

New Principal Place of Business:

PO BOX 13978
TALLAHASSEE, FL 32317

Current Mailing Address:

1132 LEE AVE.
TALLAHASSEE, FL 32303

New Mailing Address:

PO BOX 13978
TALLAHASSEE, FL 32317

FEI Number: 59-3618457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. PETERY, LOUIS B MD
1132 LEE AVE.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

CABRERA, SUSAN
PO BOX 13978
TALLAHASSEE, FL 32317 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: SUSAN CABRERA 04/23/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZISSMAN, EDWARD N MD
Address: 475 OSCEOLA STREET SUITE 1100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PD ( ) Delete
Name: BUCCIARELLI, RICHARD L MD
Address: UF PEDIATRICS P.O. BOX 100014
City-St-Zip: GAINESVILLE, FL 32610

Title: PED ( ) Delete
Name: MULLIGAN-SMITH, DEBORAH MD
Address: 5613 W. LEITNER DR.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VPD ( ) Delete
Name: MARCUS, DAVID MD
Address: 4269 NW 88TH AVE
City-St-Zip: SUNRISE, FL 33351

Title: VPD ( ) Delete
Name: BLANCO, PATRICIA MD
Address: 8451 SHADE AVE STE 207
City-St-Zip: SARASOTA, FL 32423

Title: EVPD ( ) Delete
Name: ST PETERY, LOUIS B MD
Address: 1132 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MULLIGAN-SMITH, DEBORAH MD
Address: 5613 W. LEITNER DR.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: PE (X) Change ( ) Addition
Name: MARCUS, DAVID MD
Address: 4269 NW 88TH AVE.
City-St-Zip: SUNRISE, FL 33351

Title: VP (X) Change ( ) Addition
Name: DEL TORO, JORGE MD
Address: 1600 S. ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: IPP (X) Change ( ) Addition
Name: BUCCIARELLI, RICHARD MD
Address: 229 TIGERT HALL, BOX 113157
City-St-Zip: GAINESVILLE, FL 32611

Title: EVP (X) Change ( ) Addition
Name: ST. PETERY, LOUIS B MD
Address: 1132 LEE AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ED (X) Change ( ) Addition
Name: CABRERA, SUSAN
Address: PO BOX 13978
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CABRERA ED 04/23/2004
Electronic Signature of Signing Officer or Director Date