2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# N99000007021

Entity Name: FLORIDA PEDIATRIC FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 13978
TALLAHASSEE, FL 32317

New Principal Place of Business:

2810C INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

Current Mailing Address:

PO BOX 13978
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3618457 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CABRERA, SUSAN
PO BOX 13978
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

CABRERA, SUSAN
2810C INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301 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: _____ 05/08/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CABRERA RA 05/08/2007
Electronic Signature of Signing Officer or Director — Date