

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 08 1996 8:00 am  
Secretary of State

**DOCUMENT # P35080 (1)**  
1. Corporation Name  
**PEDIATRIC SERVICES OF AMERICA, INC.**



Principal Place of Business      Mailing Address  
**3159 CAMPUS DRIVE  
NORCROSS GA 30071  
US**                                      **3159 CAMPUS DRIVE  
NORCROSS GA 30071  
US**

21	2. Principal Place of Business State, Apt. #, etc.	26	2a. Mailing Address State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified <b>08/13/1991</b>	3a. Date of Last Report <b>01/31/1995</b>
4. FEI Number <b>58-1584862</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

1. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when so designating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANSONE, JOSEPH D.</b>	1.2 NAME	
STREET ADDRESS	<b>3159 CAMPUS DRIVE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NORCROSS GA</b>	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLZHAUER, ADAM O.</b>	2.2 NAME	<b>500001711875</b>
STREET ADDRESS	<b>1225 US HIGHWAY ONE, SUITE 235</b>	2.3 STREET ADDRESS	<b>-02/09/96--01097--001</b>
CITY-STATE-ZIP	<b>JUNO BEACH FL</b>	2.4 CITY-STATE-ZIP	<b>***200.00</b>
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWMAN, JULIE</b>	3.2 NAME	
STREET ADDRESS	<b>3159 CAMPUS DIVE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NORCROSS GE</b>	3.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELSON, JOSEPH M.</b>	4.2 NAME	
STREET ADDRESS	<b>3159 CAMPUS DRIVE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NORCROSS GA</b>	4.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, MICHAEL A.</b>	5.2 NAME	
STREET ADDRESS	<b>3159 CAMPUS DRIVE</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NORCROSS GA</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: *Joseph D. Sansone* **JOSEPH D. SANSONE** 1/19/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)