

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35080 (1)

1. Corporation Name
PEDIATRIC SERVICES OF AMERICA, INC.



Principal Place of Business 3159 CAMPUS DRIVE NORCROSS GA 30071 US	Mailing Address 3159 CAMPUS DRIVE NORCROSS GA 30071 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 310 Technology Parkway Suite, Apt. #, etc. 22 City & State 23 Norcross, GA Zip Country 24 30092-2929 25 USA	2a. Mailing Address 26 310 Technology Parkway Suite, Apt. #, etc. 27 City & State 28 Norcross, GA Zip Country 29 30092-2929 30 USA
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3. Date Incorporated or Qualified 08/13/1991	4. FEI Number 58-1584862	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANSONE, JOSEPH D	1.2 NAME	
STREET ADDRESS	3159 CAMPUS DRIVE	1.3 STREET ADDRESS	310 Technology Parkway
CITY-ST-ZIP	NORCROSS GA 30071	1.4 CITY-ST-ZIP	Norcross, GA 30092-29290
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENGERT, STEPHEN M	2.2 NAME	
STREET ADDRESS	3159 CAMPUS DRIVE	2.3 STREET ADDRESS	310 Technology parkway
CITY-ST-ZIP	NORCROSS GA 30071	2.4 CITY-ST-ZIP	Norcross, GA 30092-2929
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGNAN, SUSAN E	3.2 NAME	
STREET ADDRESS	3159 CAMPUS DRIVE	3.3 STREET ADDRESS	310 Technology Parkway
CITY-ST-ZIP	NORCROSS GA 30071	3.4 CITY-ST-ZIP	Norcross, GA 30092-2929
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)

SIGNATURE _____ DATE _____