

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # P35080 1. Entity Name PEDIATRIC SERVICES OF AMERICA, INC.	
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Principal Place of Business 310 TECHNOLOGY PARKWAY NORCROSS, GA 30092-929 US	Mailing Address 310 TECHNOLOGY PARKWAY NORCROSS, GA 30092-929 US
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1584862	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

U00000569763
07/13/06-80092-011-150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP KOHL, DANIEL J 310 TECHNOLOGH PKWY NORCROSS, GA 300922929
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCNEILL, JAMES 310 TECHNOLOGY PKWY NORCROSS, GA 30092
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James McNeill Date: 7/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #