2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 AM
Secretary of State

DOCUMENT# P99000001057

Entity Name: KIDSVILLE PEDIATRICS, P.A.

Current Principal Place of Business:

129 SOUTH 5TH ST.
STE A
HAINES CITY, FL 33844

New Principal Place of Business:

2201 NORTH BLVD. WEST
DAVENPORT, FL 33837

Current Mailing Address:

129 SOUTH 5TH ST.
STE A
HAINES CITY, FL 33844

New Mailing Address:

2201 NORTH BLVD. WEST
DAVENPORT, FL 33837

FEI Number: 59-3551592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, FRANCELIS I M.D.
129 S. 5TH ST., STE A
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

GONZALEZ, FRANCELIS I M.D.
2201 NORTH BLVD. WEST
DAVENPORT, FL 33837 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: FRANCELIS I. GONZALEZ M.D. 02/01/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ, FRANCELIS I
Address: 129 SOUTH 5TH ST.
City-St-Zip: HAINES CITY, FL 33814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: GONZALEZ, FRANCELIS I
Address: 2201 NORTH BLVD. WEST
City-St-Zip: DAVENPORT, FL 33837 US

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

SIGNATURE: FRANCELIS I. GONZALEZ DR. 02/01/2002
Electronic Signature of Signing Officer or Director Date