

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34055 (6)

1. Corporation Name

FLORIDA ASSOCIATION OF PEDIATRIC CRITICAL CARE MEDICINE, INC.



Principal Place of Business

2110 W. M.L. KING BLVD
TAMPA FL 33607

Mailing Address

2110 W. M.L. KING BLVD
TAMPA FL 33607

3. Date Incorporated or Qualified 09/05/1989
3a. Date of Last Report 01/27/1995

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2967556	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

HINES, JAMES P.
315 HYDE PARK AVE
TAMPA FL

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	11 TITLE	
NAME	NORTHUP, REX	12 NAME	
STREET ADDRESS	5151 N. 9TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	
NAME	SWANSON, MARK	22 NAME	
STREET ADDRESS	1414 S. KUHLE AVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	
NAME	WEIBLEY, RICHARD (ELECT)	32 NAME	
STREET ADDRESS	1 DAVIS BLVD. STE. 404	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	DST	41 TITLE	
NAME	PLASENCIA, DANIEL L.	42 NAME	
STREET ADDRESS	1924 W. BUFFALO AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Daytime Phone #

CR2E037 (12/95)