2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2014
Secretary of State
CC1243562950

DOCUMENT# 526338

Entity Name: NORTH FLORIDA PEDIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

3606 MACLAY BLVD
SUITE 102
TALLAHASSEE, FL 32312

Current Mailing Address:

3606 MACLAY BLVD
SUITE 102
TALLAHASSEE, FL 32312 US

FEI Number: 59-1724669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAM P. SIMMONS, MD
3606 MACLAY BLVD
SUITE 102
TALLAHASSEE, FL 32312 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD	Title	VD
Name	WILLIAM P. SIMMONS, MD	Name	ANNA T. KOEPPEL, MD
Address	3606 MACLAY BLVD SUITE 102	Address	3606 MACLAY BLVD SUITE 102
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312

Title	TREA
Name	FRANK C. WALKER, MD
Address	3606 MACLAY BLVD SUITE 102
City-State-Zip:	TALLAHASSEE FL 32312

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM P SIMMONS PRESIDENT 02/27/2014

Electronic Signature of Signing Officer/Director Detail — Date