

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604935

Entity Name: PEDIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

5190 BAYOU BLVD., SUITE 7
PENSACOLA, FL 32503

Current Mailing Address:

5190 BAYOU BLVD., SUITE 7
PENSACOLA, FL 32503

FEI Number: 59-1509884

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MURRAY, PATRICK
5190 BAYOU BLVD.
7
PENSACOLA, FL 32503 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 PRESIDENT
Name MURRAY, PATRICK
Address 5190 BAYOU BLVD. SUITE 7
City-State-Zip: PENSACOLA FL 32503

Title VP
Name BENNY, ULRIKE
Address 5190 BAYOU BLVD., SUITE 7
City-State-Zip: PENSACOLA FL 32503

Title TREASURER
Name CORDELL, JENEILE
Address 5190 BAYOU BLVD., SUITE 7
City-State-Zip: PENSACOLA FL 32503

Title SECRETARY
Name THOMPSON, JENNIFER DR.
Address 5190 BAYOU BLVD., SUITE 7
City-State-Zip: PENSACOLA FL 32503

Title MEMBER AT LARGE
Name FITZHARRIS, SUSIE DR.
Address 5190 BAYOU BLVD., SUITE 7
City-State-Zip: PENSACOLA FL 32503

Title MEMBER AT LARGE
Name O'GRADY, MARYLOU DR.
Address 5190 BAYOU BLVD., SUITE 7
City-State-Zip: PENSACOLA FL 32503

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: DEBBIE CHAVERS

ADMINISTRATOR

02/09/2018

Electronic Signature of Signing Officer/Director Detail

Date