2015 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.

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

FILED Jan 02, 2015

Secretary of State

CC9541843294

Officer/Director Detail:

VΡ Title **PRESIDENT** Title

Name MURRAY, PATRICK Name BENNY, ULRIKE

Address 5190 BAYOU BLVD. SUITE 7 Address 5190 BAYOU BLVD., SUITE 7

City-State-Zip: PENSACOLA FL 32503 City-State-Zip: PENSACOLA FL 32503

Title **SECRETARY** Title **TREASURER**

THOMPSON, JENNIFER DR. CORDELL, JENEILE Name Name Address 5190 BAYOU BLVD., SUITE 7 Address 5190 BAYOU BLVD., SUITE 7

PENSACOLA FL 32503 City-State-Zip: PENSACOLA FL 32503 City-State-Zip:

Title MEMBER AT LARGE Title MEMBER AT LARGE WALKER, JENNIFER DR. Name Name FITZHARRIS, SUSIE DR. 5190 BAYOU BLVD., SUITE 7 Address Address 5190 BAYOU BLVD., SUITE 7

City-State-Zip: PENSACOLA FL 32503 City-State-Zip: PENSACOLA FL 32503

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

SIGNATURE: SHANNON DYER

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.

BUSINESS ADMINISTRATOR 01/02/2015