

2021 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:**O'GRADY, MARY LOU
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:** MARY LOU O'GRADY

03/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	O'GRADY, MARY LOU
Address	5190 BAYOU BLVD., BLDG. 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

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 CHAVERSPRACTICE
ADMINISTRATOR

03/09/2021

Electronic Signature of Signing Officer/Director Detail

Date