



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90023 006 ***150.00

DOCUMENT # 536959 1. Entity Name PEDIATRIC ASSOCIATES OF GAINESVILLE, P.A.					
Principal Place of Business 6440 W NEWBERRY RD., SUITE 402 GAINESVILLE, FL 32605			Mailing Address 6440 W NEWBERRY RD., SUITE 402 GAINESVILLE, FL 32605		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01242004 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-1740311	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZAVELSON, THOMAS M 6440 W NEWBERRY RD., SUITE 402 GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name JOHN HELLRUNG Street Address (P.O. Box Number is Not Acceptable) 6440 W. NEWBERRY ROAD, SUITE 402 City GAINESVILLE FL Zip Code 32605		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELLRUNG, JOHN 6440 W NEWBERRY RD #402 GAINESVILLE, FL 32605	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAVELSON, THOMAS M 6440 W NEWBERRY RD #402 GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYATT, MICHAEL 6480 W NEWBEDPE ROAD, #402 GAINESVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>X John Hellrung</i>		2/3/04		352 838 8500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	