


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90052 019 ***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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-1740311				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELLRUNG, JOHN 6440 W NEWBERRY RD., SUITE 402 GAINESVILLE, FL 32605			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2006 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	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLRUNG, JOHN		NAME		
STREET ADDRESS	6440 W NEWBERRY RD #402		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAVELSON, THOMAS M		NAME		
STREET ADDRESS	6440 W NEWBERRY RD #402		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYATT, MICHAEL		NAME		
STREET ADDRESS	6440 W. NEWBERRY ROAD, STE. 402		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.					
SIGNATURE: X 			Date: 2/1/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		