

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600314

FILED
Mar 21, 2006
Secretary of State

Entity Name: SALTZMAN, TANIS, PITTELL, LEVIN & JACOBSON, P.A.

Current Principal Place of Business:

PEDIATRIC ASSOCIATES
4620 N ST RD 7 BLDG H STE 316
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

PEDIATRIC ASSOCIATES
4620 N ST RD 7 BLDG H STE 316
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 59-1198552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GERSON, PRESTON, ROBINSON, INC
666 71ST ST
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEVIN, M.D. P
Address: 16100 VIA MONTEVERDE
City-St-Zip: DELRAY BCH, FL 33446

Title: V () Delete
Name: SHULMAN, M.D. P
Address: 3237 S PORT ROYAL DR
City-St-Zip: FT LAUDERDALE, FL 33308

Title: S () Delete
Name: JACOBSON, M.D. J
Address: 4220 VAN BUREN ST
City-St-Zip: HOLLYWOOD, FL

Title: T () Delete
Name: LIEBERMAN, M.D. G
Address: 11600 ISLAND RD
City-St-Zip: COOPER CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILIP LEVIN

P

03/21/2006

Electronic Signature of Signing Officer or Director

_____ Date