FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 8:22

DOCUMENT # **600805** **(6)**

1. Corporation Name
CHILDREN'S MEDICAL GROUP, P.A.

Principal Place of Business	Mailing Address
4131 UNIVERSITY BLVD., S. JACKSONVILLE FL 32216-4316	4131 UNIVERSITY BLVD., S. JACKSONVILLE FL 32216-4316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/28/1969**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-1230099** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSTERGREN, KAREN A.
4131 UNIVERSITY BLVD.,S.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	OSTERGREN, KAREN A.	1.2 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD S	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, DALE F, M.D.	2.2 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD.,S.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	FV	3.1 TITLE	☐ Change ☐ Addition
NAME	FAUTH, SCOTT T., M.D.	3.2 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD.,S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BEVERLY, LAURA N. M.D.	4.2 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, SUSAN H.	5.2 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Scott T. Fauth, M.D. January 15, 1995 904/733-7408
SIGNATURE AND TYPED OR PRINTED NAME OF WITNESS OR DIRECTOR — Date — Daytime Phone #

0017605 CP