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
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
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

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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 mandated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	OSTERGREN, KAREN A.	12 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD S	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ZIMMERMAN, DALE F, M.D.	22 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD.,S.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	FV	31 TITLE	☐ Change ☐ Addition
NAME	FAUTH, SCOTT T., M.D.	32 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD.,S.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BEVERLY, LAURA N. M.D.	42 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	WHITE, SUSAN H.	52 NAME	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	53 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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
NAME AND TITLE OF AUTHORIZED PERSON OR PRINCIPAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0017005 CP