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**Mar 05 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 600805 (6)

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



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

Mailing Address
4131 UNIVERSITY BLVD., S.
JACKSONVILLE FL 32216-4326

3. Date Incorporated or Qualified 01/28/1969
3a. Date of Last Report 03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **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** _____
Signatures of the principal place of business and the registered agent and their addresses. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	OSTERGREN, KAREN A.	
STREET ADDRESS	4131 UNIVERSITY BLVD S	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZIMMERMAN, DALE F, M.D.	
STREET ADDRESS	4131 UNIVERSITY BLVD.,S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	FV	<input type="checkbox"/> DELETE
NAME	FAUTH, SCOTT T., M.D.	
STREET ADDRESS	4131 UNIVERSITY BLVD.,S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEVERLY, LAURA N. M.D.	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WHITE, SUSAN H.	
STREET ADDRESS	4131 UNIVERSITY BLVD. S.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 Fauth* **Scott Fauth, M.D.** **February 27, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)