

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90445 048 \*\*\*150.00

**DOCUMENT # 600805**

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

Principal Place of Business <b>4131 UNIVERSITY BLVD., S.          JACKSONVILLE FL 32216-4316</b>	Mailing Address <b>4131 UNIVERSITY BLVD., S.          JACKSONVILLE FL 32216-4316</b>
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**00043852**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1230099**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>VP</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSTERGREN, KAREN A.</b>	NAME	
STREET ADDRESS	<b>4131 UNIVERSITY BLVD S</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZIMMERMAN, DALE F, M.D.</b>	NAME	
STREET ADDRESS	<b>4131 UNIVERSITY BLVD.,S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>FV</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAUTH, SCOTT T., M.D.</b>	NAME	
STREET ADDRESS	<b>4131 UNIVERSITY BLVD.,S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEVERLY, LAURA N. M.D.</b>	NAME	
STREET ADDRESS	<b>4131 UNIVERSITY BLVD. S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, SUSAN H.</b>	NAME	
STREET ADDRESS	<b>4131 UNIVERSITY BLVD. S.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	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	

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dale J. Jan **4-25-07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)