


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-07-2005 90009 007 ***158.75
 07-29-2005 90013 022 ***391.25

DOCUMENT # 600805
 1. Entity Name
CHILDREN'S MEDICAL GROUP, P.A.



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

50058529



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07012005 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number Applied For
59-1230099 Not Applicable

Zip Country Zip Country

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

8. Name and Address of Current Registered Agent
OSTERGREN, KAREN A.
4131 UNIVERSITY BLVD., S.
JACKSONVILLE, FL 32211

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dale F. Zimmerman* 7-05-05 904-268-6725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DALE F. ZIMMERMAN, MD

ATTACHMENT 50058529
600805
CHILDREN'S MEDICAL GROUP, P.A.
Infants, Children and Adolescents

Dale F. Zimmerman, M.D., F.A.A.P.
Scott T. Fauth, M.D., F.A.A.P.

Karen A. Ostergren, M.D., F.A.A.P.
Susan H. White, M.D., F.A.A.P.

July 25, 2005

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: 600805

To Whom It May Concern:

I did try to contact your office by phone. I could never get passed the high volume, call back message.

I did not receive a notice to file this report. I am enclosing the additional money, although I do not think that we should have to pay it, since no notice was received. Please check your records so that next year's mailing will hopefully be received.

Children's Medical Group, P.A.
4131 University Blvd. S, #16
Jacksonville, FL 32216
Attention: Victoria P Dye

Thank you for your attention in this matter.

Sincerely,



Victoria P Dye
Practice Manager

CR 8348
JUL 26 2005