

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600805

FILED  
Feb 15, 2011  
Secretary of State

Entity Name: CHILDREN'S MEDICAL GROUP, P.A.

**Current Principal Place of Business:**

4131 UNIVERSITY BLVD., S.  
BLDG 16  
JACKSONVILLE, FL 322164316

**New Principal Place of Business:**

**Current Mailing Address:**

4131 UNIVERSITY BLVD., S.  
BLDG 16  
JACKSONVILLE, FL 322164316

**New Mailing Address:**

FEI Number: 59-1230099

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OSTERGREN, KAREN A.  
4131 UNIVERSITY BLVD.,S.  
BLDG 16  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SECR  
Name: OSTERGREN, KAREN A.  
Address: 4131 UNIVERSITY BLVD S #16  
City-St-Zip: JACKSONVILLE, FL 32216

Title: PD  
Name: ZIMMERMAN, DALE F, M.D.  
Address: 4131 UNIVERSITY BLVD S #16  
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP  
Name: FAUTH, SCOTT T., M.D.  
Address: 4131 UNIVERSITY BLVD S #16  
City-St-Zip: JACKSONVILLE, FL 32216

Title: T  
Name: WHITE, SUSAN H.  
Address: 4131 UNIVERSITY BLVD S #16  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN A OSTERGREN

SECR

02/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date