

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 24, 2003 8:00 am
Secretary of State

2/1

02-12-2003 90099 020 ***150.00

DOCUMENT # 600805

1. Entity 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 32216-4316**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-1230099** Applied For Not Applicable

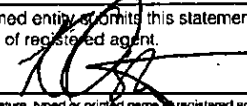
5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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 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 **02-07-03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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	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 PD ZIMMERMAN, DALE F, M.D. 4131 UNIVERSITY BLVD.,S. JACKSONVILLE FL	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 FV FAUTH, SCOTT T., M.D. 4131 UNIVERSITY BLVD.,S. JACKSONVILLE FL	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 S BEVERLY, LAURA N. M.D. 4131 UNIVERSITY BLVD. S. JACKSONVILLE FL	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 T WHITE, SUSAN H. 4131 UNIVERSITY BLVD. S. JACKSONVILLE FL	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: **SIGNATURE REQUIRED** *Scott Fauth* Date **2-20-03** Daytime Phone # **904-733-7408**

CR2E034 (10/02)