

8-22-97 B 8229 C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 601126 (6)
1. Corporation Name
ATLANTIC COAST PEDIATRICS, M.D., P.A.

Principal Place of Business
220 S COURTENAY PKWY
MERRITT ISL FL 32931
US

Mailing Address
220 S COURTENAY PKWY
MERRITT ISL FL 32931
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/23/1969		03/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1263689		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		29		30	
32952		USA		32952		USA	
24		25		29		30	
24		25		29		30	

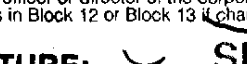
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RADU, MIHAI SORIN 220 S COURTENAY PKWY MERRITT ISL FL 32952				81 Name GONZALEZ, Luis A.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				220 S. Courtenay Pkwy			
				83 City			
				Merritt Island, FL 32952			
				84 City			
				FL			
				85 Zip Code			
				32952			

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  Luis A Gonzalez MD 8-1597
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
P RADU, M.S. 220 S COURTNEY PKWY MERRITT ISL FL				2.1 TITLE			
STVP GONZALEZ, LUIS S 220 S COURTENAY PKWY MERRITT ISL FL				2.2 NAME			
VP COSGROVE, LISA A MD 220 S COURTENAY PKWY MERRITT ISLAND FL				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE			
				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  Luis A Gonzalez MD 8-1597
SIGNATURE REQUIRED

CR2E034 (4/97)