

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 32952 US	Mailing Address 220 S COURTENAY PKWY MERRITT ISLAND FL 32952 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1969

4. FEI Number
59-1263689

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

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 21 255 BORMAN DR Suite, Apt. #, etc. 22 City & State 23 MERRITT ISLAND, FL Zip 24 32953	2a. Mailing Address 26 255 BORMAN DR Suite, Apt. #, etc. 27 City & State 28 MERRITT ISLAND, FL Zip 29 32953	Country 25 US	Country 30 US
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9. Name and Address of Current Registered Agent

**GONZALEZ, LUIS A
220 S COURTENAY PKWY
MERRITT ISL FL 32952**

10. Name and Address of New Registered Agent

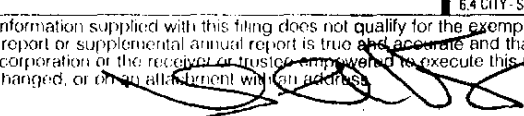
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 255 BORMAN DR.
83
84 City MERRITT ISLAND
85 Zip Code FL 32953

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** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, LUIS S	1.2 NAME	
STREET ADDRESS	220 S COURTENAY PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISL FL	1.4 CITY-ST-ZIP	
TITLE	STVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COSGROVE, LISA A MD	2.2 NAME	
STREET ADDRESS	220 S COURTENAY PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: 

CR2E034 (10/97)