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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

DOCUMENT # 601126 (6)

1. Corporation Name
ATLANTIC COAST PEDIATRICS, M.D., P.A.

Principal Place of Business	Mailing Address
220 S COURTENAY PKWY MERRITT ISL FL 32952 US	220 S COURTENAY PKWY MERRITT ISLAND FL 32952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1969

2. Principal Place of Business	2a. Mailing Address
21 255 BORMAN DR	26 255 BORMAN DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 MERRITT ISLAND, FL	28 MERRITT ISLAND, FL
24 Zip 32953 / 25 Country US	29 Zip 32953 / 30 Country US

4. FEI Number: 59-1263689 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, LUIS A 220 S COURTENAY PKWY MERRITT ISL FL 32952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 255 BORMAN DR. 83 84 City: MERRITT ISLAND FL 85 Zip Code: 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
Signature, type 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	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	

CR2E034 (10/97)

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: