

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90243 001 ***150.00

DOCUMENT # 602409

1. Corporation Name PEDIATRICS OF BREVARD, P.A.



Principal Place of Business 134 S. WOODS DR. ROCKLEDGE FL 32955 Mailing Address 134 S. WOODS DR. ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/02/1970

2. Principal Place of Business 21 Mailing Address 2a 26

4. FEI Number 59-1303156 Applied For Not Applicable

Suite, Apt. #, etc. 22 27

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

City & State 23 28

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

Zip Country 24 25 29 30

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILPOT, THOMAS J., M.D., P.A. 134 SOUTH WOODS DRIVE ROCKLEDGE FL 32955

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 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

Table with 6 rows of officer information including Title, Name, Street Address, and City-St-Zip. Officers listed include Philpot, Thomas J., Arnold, Donald H., Knappenberger, William L., O'Hern, Richard K., and Ulrich, Mary W.

Table with 6 rows for additions/changes to officers and directors, including fields for Title, Name, Street Address, and 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 407-636-3066 Date Daytime Phone #

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