

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 668503

FILED
Mar 31, 2005
Secretary of State

Entity Name: WEST VOLUSIA PEDIATRICS, P.A.

Current Principal Place of Business:

809 N STONE ST
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

809 N STONE ST
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-1993101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNARD, G.B. II
WEST VOLUSIA PEDIATRICS
DELAND, FL 32720 US

Name and Address of New Registered Agent:

BARNARD, GRANDY B MD
809 N STONE ST
DELAND, FL 32720 US

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.

SIGNATURE: GRANDY B BARNARD, MD

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: REINERTSEN, JEFF
Address: 809 N STATE STINE ST
City-St-Zip: DELAND, FL 32720

Title: PD () Delete
Name: BARNARD, G. B.,
Address: 809 N STONE ST
City-St-Zip: DELAND, FL

Title: TD () Delete
Name: BELL, MICHAEL C.,
Address: 809 N STONE ST.
City-St-Zip: DELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: REINERTSEN, JEFFERY S MD
Address: 809 N STONE ST
City-St-Zip: DELAND, FL 32720 US

Title: P (X) Change () Addition
Name: BARNARD, GRANDY B MD
Address: 809 N STONE ST
City-St-Zip: DELAND, FL 32720 US

Title: T (X) Change () Addition
Name: BELL, MICHAEL C MD
Address: 809 N STONE ST.
City-St-Zip: DELAND, FL 32720 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFERY S. REINERTSEN, MD

V

03/31/2005

Electronic Signature of Signing Officer or Director

Date