

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743781 (7)

1. Corporation Name

PEDIATRIC AUXILIARY NO. 1, INC.

Principal Place of Business

5208 YELLOW PINE LANE  
TAMARAC FL 33319

Mailing Address

5208 YELLOW PINE LANE  
TAMARAC FL 33319-3560

3. Date Incorporated or Qualified

08/02/1978

3a. Date of Last Report

01/24/1996

4. FEI Number

59-1887357

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

□ Yes □ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

HIBLER, CORNELIA  
5208 YELLOW PINE LANE  
FT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name

Hughes, Jean

82 Street Address (P.O. Box Number is Not Acceptable)

5722 Bayberry Lane

83

84 City

Tamarac

FL

85 Zip Code

33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	PT	XX DELETE
NAME	HIBLER, CORNELIA	
STREET ADDRESS	5208 YELLOW PINE LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	□ DELETE
NAME	HOFFMAN, SHIRLEY	
STREET ADDRESS	6620 N.E. 21ST TERR.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	□ DELETE
NAME	HUGHES, JEAN	
STREET ADDRESS	5722 S. BAYBERRY LANE	
CITY-ST-ZIP	TAMARAC FL	
TITLE	VD	□ DELETE
NAME	LUBIN, DORIS	
STREET ADDRESS	5905 CEDAR CIRCLE	
CITY-ST-ZIP	TAMARAC FL	
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	XX Change □ Addition
1.2 NAME	Hughes, Jean	
1.3 STREET ADDRESS	5722 Bayberry Lane	
1.4 CITY-ST-ZIP	Tamarac, FL	
2.1 TITLE	VP	□ Change XX Addition
2.2 NAME	Barzso, Shirley	
2.3 STREET ADDRESS	1306 SE 13 Avenue	
2.4 CITY-ST-ZIP	Deerfield Beach, FL 33441	
3.1 TITLE	S	XX Change □ Addition
3.2 NAME	Hoffman, Shirley	
3.3 STREET ADDRESS	6620 NE 21 Terrace	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
4.1 TITLE	T	XX Change □ Addition
4.2 NAME	Lubin, Doris	
4.3 STREET ADDRESS	5905 Cedar Circle	
4.4 CITY-ST-ZIP	Tamarac, FL	
5.1 TITLE		□ Change □ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		□ Change □ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-735-1856

Daytime Phone # 0035002

CR2E037 (9/96)