2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900000442

1. Entity Name

PEDIATRIC PHYSICIAN ALLIANCE, INC.

€ Principal Place of Business Mailing Address

Jul 17, 2000 8:00 am Secretary of State 07-17-2000 90071 013 ***550.00

PEACHTREE CORNERS CIRCLE GA 30092 Figure 6 Principal Place of Business		3230-H PEACHTREE CORNERS CIRCLE NORCROSS GA 30092-3655 Sign 192 3. Mailing Address				
. Principal P	race of ausiness	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & Stat	ee	City & State	.	4. FEI Number 58-2260543 Applied Not Appl		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional		
	G <u>いていかをデア</u> 6. Name and Address of Current	 Registered Agent	GWINNETT	7. Name and Address of New Registered Agent		
	U. Name and Address of Current	r riegistered Agent , .	Name			
СΤ	CORPORATION SYSTEM			W/A		
	SOUTH PINE ISLAND ROAD		Street Addre	ress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324					
FLAI	TATION FL 33324					
			City	FL Zip Code		
. The above	named entity submits this statement for	or the purpose of changing	its registered office or reg	gistered agent, or both, in the State of Florida.	{	
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IGNATURE	Signature, typed or printed name of registered agent		OTE: Registered Agent signature re	required when reinstating) DATE		
	Signature, typed or printed name or registered agen	t and title if applicable. (N		equired when temporarily)		
	oration is eligible to satisfy its Intangible requirement and elects to do so.	- 1	W!!! FEE IS \$150.00	10. Election Campaign Financing \$5.00 Ma		
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indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: