

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G47885 (0)**

1. Corporation Name
TIMBERLANE PEDIATRICS, JAMES C. PENROD, M.D. & WALTER G. BUNNELL, III, M.D., P.A.



Principal Place of Business: **% 1272A TIMBERLANE ROAD TALLAHASSEE FL 32312**
Mailing Address: **% 1272A TIMBERLANE ROAD TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified: **06/29/1983**
3a. Date of Last Report: **02/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FBI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2299064	Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30		30		9. Name and Address of Current Registered Agent		

9. Name and Address of Current Registered Agent
**PENROD, JAMES C., M.D.
1272A TIMBERLANE ROAD
TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ DATE: **2/21/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	PENROD, JAMES C	
STREET ADDRESS	1272 A TIMBERLANE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BUNNELL III, WALTER G	
STREET ADDRESS	1272 A TIMBERLANE RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Walter G. Bunnell III DATE: 2/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)