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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

G47885

(0)

DOCUMENT #

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



HECIDAL FIAGE OF	Business	Mailing Address						
% 1272A TIMB	ERLANE ROAD	% 1272A TIMBERLAN TALLAHASSEE FL 32						
INLLAIMOULL	TE SEATE				3. Date incorporated or Qualified 06/29/1983	3a. D	ate of Last Re 02/01/198	
	- A El voice de	2a. Mailing Address			4. FEI Number		Ā	Applied For
, Principal Place	e at Busiliess	26			59-2299064			Not Applicable
Suite, Apt. #.	ato	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
_Suite, Apr. #	605.	27			5. Germeare of Clark Bost of		Fee F	Required
City & State		City & State			6. Election Campaign Financing			May Be
		28			Trust Fund Contribution			to Fees
Zıp	Country	Z _I p	Count	ry	8. This corporation has liability to	or intangible ′es ∷∏No	e tax under s	199.032,
	25	29	30		Florida Statutes 10. Name and Address of New			
	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New	riegistori	ou regoin	
			ľ					
	JAMES C., M.D.		8	2 Street Addr	ress (P.O. Box Number is Not Accep	table)		
	MBERLANE ROAD		0	3				
TALLAHA	SSEE FL 32312		"	.3				
			8	14 City		F	-L 85 Z ₁	p Code
					ration submits this statement for the and of directors. I hereby accept the a	autonon of	obagaina ite r	registered off
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ruo renery ceruity can be intermediated 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 unde 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 unde certify that I am an officer or director of the corporation or the receiver or trusted 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: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR