

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K10796

FILED  
Mar 21, 2005  
Secretary of State

Entity Name: JACKSONVILLE PEDIATRIC ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

8774 PERIMETER PARK BLVD  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

851 CHICOPIT LN  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: 59-2861820      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AKEL, EDWARD C.  
2301 INDEPENDENT SQUARE  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SILVA, ENRIQUE M MD  
Address: 851 CHICOPIT LANE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete  
Name: BENITEZ, NORBERTO MD  
Address: 309 PLANTATION CIRCLE  
City-St-Zip: PONTE VEDRA, FL 32082

Title: SD ( ) Delete  
Name: ROMEU, ALFREDO MD  
Address: 9026 HECHSCHER DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD (X) Delete  
Name: QUINTANA, J C MD  
Address: 2297 OCEANSIDE CT  
City-St-Zip: ATLANTIC BEACH, FL 32233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: ROMEU, ALFREDO MD  
Address: 9026 HECHSCHER DR  
City-St-Zip: JACKSONVILLE, FL 32226

Title: SD (X) Change ( ) Addition  
Name: QUINTANA, J C MD  
Address: 2297 OCEANSIDE CT  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ENRIQUE M. SILVA, M.D.

PD

03/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date