

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K10796

FILED
Mar 05, 2008
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:

FOWLER, WHITE, BOGGS, BANKER
50 NORTH LAURA STREET, SUITE 2200
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: ROMEU, ALFREDO MD
Address: 9026 HECHSCHER DR
City-St-Zip: JACKSONVILLE, FL 32226

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

Title: TD () Delete
Name: SILVA, BARBARA B
Address: 851 CHICOPIT LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: D () Delete
Name: CAMPBELL, JAMES D MD
Address: 2823 STATE RD 13
City-St-Zip: SWITZERLAND, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BARBARA SILVA

TD

03/05/2008

Electronic Signature of Signing Officer or Director

_____ Date