

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K10796

FILED  
Mar 10, 2011  
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

**OFFICERS AND DIRECTORS:**

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

Title: VD  
Name: ROMEU, ALFREDO MD  
Address: 9026 HECHSCHER DR  
City-St-Zip: JACKSONVILLE, FL 32226

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SILVA

TD

03/10/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date