2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2005
Secretary of State

DOCUMENT# L56017

Entity Name: KIDS' CARE PEDIATRICS, P.A.

Current Principal Place of Business:

800 ZEAGLER DRIVE
SUITE 430
PALATKA, FL 32177

New Principal Place of Business:

6910 OLD WOLF BAY ROAD
PALATKA, FL 32177

Current Mailing Address:

800 ZEAGLER DRIVE
SUITE 430
PALATKA, FL 32177

New Mailing Address:

6910 OLD WOLF BAY ROAD
PALATKA, FL 32177

FEI Number: 59-2995257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOSS, LAURA J PRES
104 SHADY OAK LANE
PALATKA, FL 32177 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: HOSS, LAURA J PRES
Address: 104 SHADY OAK LANE
City-St-Zip: PALATKA, FL 32177

Title: D ( ) Delete
Name: JUMP, ERIC M SECR
Address: RR 4, BOX 1713
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: LAURA J. HOSS PD 02/20/2005

Electronic Signature of Signing Officer or Director — Date