2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# N03000006038

Entity Name: PEDIATRIC QUALITY IMPROVEMENT SYSTEMS, INC.

Current Principal Place of Business:

1650 PRUDENTIAL DRIVE, SUITE 100
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1650 PRUDENTIAL DRIVE, SUITE 100
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 02-0698867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HERMAN, CAROLYN ESQ.
830 S. THIRD STREET #104
JACKSONVILLE BEACH, FL 32250 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: D ( ) Delete
Name: WHITWORTH, JAY M M.D.
Address: 842 CEDAR STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: FOSTER, PATRICIA
Address: 842 CEDAR STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: ANTHONY, MARGARET
Address: 842 CEDAR STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: MEISNER, MEGAN
Address: 842 CEDAR STREET
City-St-Zip: JACKSONVILLE, FL 32207

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J M WHITWORTH, MD CEO 05/03/2006

Electronic Signature of Signing Officer or Director — Date