


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N47936 1. Entity Name PEDIATRIC PRIMARY CARE FOUNDATION, INC.	
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Principal Place of Business 1515 E SILVER SPRINGS BLVD SUITE 213 OCALA, FL 34470-6844 US	Mailing Address 1515 E SILVER SPRINGS BLVD SUITE 213 OCALA, FL 34470-6844 US
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3113135	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, CRAIG
1531 SE 36TH AVENUE
OCALA, FL 34471

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be
Added to Fees

U000000183421
01/19/05-80066-016 70.00


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAHA, TED MD 150 SE 17TH STREET, #602 OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAYNE, MATHEW 2305 S.E. 8TH ST OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, JOSELYN 1525 NE 17TH AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILSON, LINDA 8360 N HWY 471 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TURNER, CRAIG 2131 N. 36TH AVE 1531 S.E. 36th Avenue OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELBORN, JASON 602 NE 10TH BLVD WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/05 352-671-6810