2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N47936

Entity Name: PEDIATRIC PRIMARY CARE FOUNDATION, INC.

Current Principal Place of Business:

1515 E SILVER SPRINGS BLVD
SUITE 213
OCALA, FL 344706844 US

New Principal Place of Business:

Current Mailing Address:

1515 E SILVER SPRINGS BLVD
SUITE 213
OCALA, FL 344706844 US

New Mailing Address:

FEI Number: 59-3113135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TURNER, CRAIG
1531 SE 36TH AVENUE
OCALA, FL 34471 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:	SAHA, TED MD	
Address:	150 SE 17TH STREET, #602	
City-St-Zip:	OCALA, FL	
Title:	T	( ) Delete
Name:	ZAYNE, MATHEW	
Address:	2305 S.E. 8TH ST	
City-St-Zip:	OCALA, FL	
Title:	P	( ) Delete
Name:	LEE, JOSELYN	
Address:	1525 NE 17TH AVE	
City-St-Zip:	OCALA, FL	
Title:	VP	( ) Delete
Name:	WILSON, LINDA	
Address:	8360 N HWY 471	
City-St-Zip:	WEBSTER, FL 33597	
Title:	S	( ) Delete
Name:	TURNER, CRAIG	
Address:	2032 NE 59TH ST	
City-St-Zip:	OCALA, FL 34471	
Title:	D	( ) Delete
Name:	WELBORN, JASON	
Address:	602 NE 10TH BLVD	
City-St-Zip:	WILLISTON, FL 32696	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	SAHA, TED MD	
Address:	5500 SW 42ND PLACE	
City-St-Zip:	OCALA, FL 34474	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSELYN LEE PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date