

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47936

FILED
Feb 28, 2009
Secretary of State

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: 5500 SW 42ND PLACE
City-St-Zip: OCALA, FL 34474

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: () 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:

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

02/28/2009

Electronic Signature of Signing Officer or Director

Date