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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001925

1. Corporation Name

PEDIATRIC MEDICAL SURGICAL SUBSPECIALTY GROUP, I
NC.

Principal Place of Business

801 WEST M L KING JR BLVD
TAMPA FL 33615
US

Mailing Address

801 WEST M L KING JR BLVD
PALM HARBOR FL 33603
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/28/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3178616
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	
24	29	30

9. Name and Address of Current Registered Agent

HABAL, MUTAZ B
801 WEST M.L. KING BLVD
TAMPA BAY CRANIO-FACIAL CENTER
TAMPA FL 33603

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PLASENCIA, DANIEL J	1.2 NAME	
STREET ADDRESS	2110 W M. L. KING BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	GUGGINO, GIACOMO	2.2 NAME	
STREET ADDRESS	3115 SWANN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33609	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	HABAL, MUTAZ	3.2 NAME	
STREET ADDRESS	801 W M. L. KING BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	FERANDADA, JOSE	4.2 NAME	
STREET ADDRESS	5106 N. ARMENIA AVE #5	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	AGLIANO, DENNIS S	5.2 NAME	
STREET ADDRESS	4600 N. HABANA AVE #23	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 1999 (83) 238-0409

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