


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90075 044 \*\*\*\*61.25

<b>DOCUMENT # N94000003902</b>	
<b>1. Entity Name</b> BRADENTON PEDIATRIC ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1414 59TH STREET WEST BRADENTON FL 34209	<b>Mailing Address</b> 1414 59TH STREET WEST BRADENTON FL 34209
---	---



<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

<b>City &amp; State</b>	<b>City &amp; State</b>
-------------------------	-------------------------

<b>4. FEI Number</b> 65-0627122	<b>Applied For</b> <input type="checkbox"/> Not Applicable
------------------------------------	---

<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
------------	----------------	------------	----------------

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
--	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON FL 34209
---

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**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** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
--	--	------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> D <b>NAME</b> KENNEDY, J.R. M.D. <b>STREET ADDRESS</b> 1414 59TH STREET WEST <b>CITY-ST-ZIP</b> BRADENTON FL 34209	<input type="checkbox"/> Delete	<b>TITLE</b> P <b>NAME</b> Mendez, Carlos A <b>STREET ADDRESS</b> 802 40th St. W <b>CITY-ST-ZIP</b> Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> MENDEZ, CARLOS A <b>STREET ADDRESS</b> 802 40TH STREET WEST <b>CITY-ST-ZIP</b> BRADENTON FL 34205	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Alvarez, Johnny MD <b>STREET ADDRESS</b> 3908 9th Ave W <b>CITY-ST-ZIP</b> Bradenton, FL 34205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> ALVAREZ, JOHNNY MD <b>STREET ADDRESS</b> 3908 9TH AVE. WEST <b>CITY-ST-ZIP</b> BRADENTON FL 34205	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> Kennedy, J.R. MD <b>STREET ADDRESS</b> 1414 59th St W <b>CITY-ST-ZIP</b> Bradenton, FL 34209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** R Kennedy 1/31/06 (941) 792-4544