

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 011 ****61.25

DOCUMENT # N97000000326

1. Entity Name

PEDIATRIC PHYSICIAN SERVICES, INC.



Principal Place of Business

801 6TH ST. SOUTH
ST. PETERSBURG, FL 33701

Mailing Address

801 6TH ST. SOUTH
ST. PETERSBURG, FL 33701



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3425191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNES, GARY A
801 6TH ST. SOUTH
ST. PETERSBURG, FL 33701

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTR
NAME	HORTON, R. WILLIAM
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VTR
NAME	EPSTEIN, MICHAEL M.D.
STREET ADDRESS	801 6TH ST. SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	VTR
NAME	STENBERG, ARNOLD T JR
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	CTR
NAME	CARNES, GARY
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	S
NAME	MARRA, HELENE
STREET ADDRESS	801 SIXTH STREET SOUTH
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	PTR
NAME	SOSA, ROBERTO M.D.
STREET ADDRESS	801 SIXTH STREET SOUTH, BOX 7565
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

ARNOLD T. STENBERG, JR.

Date

4/22/08 727-767-8892

Daytime Phone #