

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000326

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** PEDIATRIC PHYSICIAN SERVICES, INC.

**Current Principal Place of Business:**

501 6TH AVE S  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

501 6TH AVE S  
BOX 6941  
ST PETERSBURG, FL 33701

**New Mailing Address:**

501 6TH AVE S  
ST PETERSBURG, FL 33701

**FEI Number:** 59-3425191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARNES, GARY A  
501 6TH AVE S  
ST PETERSBURG, FL 33701 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: CEOT  
Name: CARNES, GARY A  
Address: 501 6TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: PT  
Name: SOSA, ROBERTO MD  
Address: 501 6TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: CAOT  
Name: STENBERG, ARNOLD T JR  
Address: 501 6TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: CFOT  
Name: TEMPLIN, NANCY  
Address: 501 6TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: SVPT  
Name: HORTON, ROBERT W  
Address: 501 6TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: S  
Name: MARRA, HELENE  
Address: 501 6TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33701

I hereby 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 all other like empowered.

SIGNATURE: NANCY TEMPLIN

CFOT

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

05/01/2011 SUN 12:22 FAX All Children's Hospital

0004/010

N97000000326

4-29-11

**Pediatric Physician Services, Inc.**  
**N97000000326**

**Officer/Director Name And Address**

Trustee Dr. Michael Epstein  
501 Sixth Ave S  
St Petersburg, FL 33701