

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000074282

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: FUNCOAST PEDIATRICS, P.A.

## Current Principal Place of Business:

1688 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

1688 WEST GRANADA BLVD.  
SUITE 2B  
ORMOND BEACH, FL 32174

## Current Mailing Address:

1688 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174

## New Mailing Address:

1688 WEST GRANADA BLVD.  
SUITE 2B  
ORMOND BEACH, FL 32174

FEI Number: 59-3662791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WHITE, JAMES G M.D.  
1688 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

WHITE, JAMES G M.D.  
1688 WEST GRANADA BLVD.  
SUITE 2B  
ORMOND BEACH, FL 32174 US

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:

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WHITE, JAMES G M.D.  
Address: 1688 W GRANADA BLVD #2B  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ST ( ) Delete  
Name: BOWCHER, CHARITY M.D.  
Address: 1688 W GRANADA BLVD #2B  
City-St-Zip: DAYTONA BEACH, FL 32124

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES G, WHITE

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date