


FILED

Apr 29, 2004 08:00 AM  
Secretary of State**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P01000074658</b>		
1. Entity Name JULINGTON CREEK PEDIATRICS, P.A.		
Principal Place of Business 774 S.R. 13 N STE 6 JACKSONVILLE, FL 32259		Mailing Address 774 S.R. 13 N STE 6 JACKSONVILLE, FL 32259
<b>DO NOT WRITE IN THIS SPACE</b>		
04262004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3732871		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
MOSTELLER, VICTORIA M.D. 2220 ROYAL FERN LANE S JACKSONVILLE, FL 32223		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u>Victoria Mosteller, President</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		DATE <u>4/26/04</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD MOSTELLER, VICTORIA M.D. 2220 ROYAL FERN LANE S JACKSONVILLE, FL 32223	
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12. 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 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 607, 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: <u>Victoria Mosteller M.D.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/26/04</u> Daytime Phone # <u>(904) 230-5437</u>