
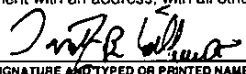


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90320 038 \*\*\*150.00

|   |   |   |  |   |                                |
|---|---|---|--|---|--------------------------------|
| <b>DOCUMENT # P02000099874</b><br>1. Entity Name<br>PLANT CITY PEDIATRICS, P.A.   |   |   |  |  |                                |
| Principal Place of Business<br>1601 WEST TIMBERLANE DRIVE<br>SUITE 400<br>PLANT CITY, FL 33567  |   |   | Mailing Address<br>1601 WEST TIMBERLANE DRIVE<br>SUITE 400<br>PLANT CITY, FL 33567   |   |                                |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country   |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip      Country  |   |                                |
| 4. FEI Number<br><b>14-1843856</b>  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |                                |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   | <b>\$8.75 Additional Fee Required</b>  |   |                                |
| 6. Name and Address of Current Registered Agent<br>HUTTO, KENNETH C ESQ<br>1203 LONGWOOD OAKS BLVD<br>LAKELAND, FL 33803  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |                                |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |                                |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>WILLIAMS, TIMOTHY B DO<br>4016 N WILDER ROAD<br>PLANT CITY, FL 33565 |   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete  |   |                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | <input type="checkbox"/> Delete  |   |                                |
| 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. |   |   |  |   |                                |
| <b>SIGNATURE:</b>    |   |   | 4/13/05  |   | (813) 659-9800                 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | <small>Date</small>  |   | <small>Daytime Phone #</small> |

**50037413**



03302005 Chg-P CR2E034 (10/03)