2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000099874

PLANT CITY, FL 33567

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Entity Name: PLANT CITY PEDIATRICS, P.A.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1601 WEST TIMBERLANE DRIVE 1601 WEST TIMBERLANE DRIVE SUITE 400

SUITE 400

PLANT CITY, FL 33566

Current Mailing Address: New Mailing Address:

1601 WEST TIMBERLANE DRIVE 1601 WEST TIMBERLANE DRIVE SUITE 400

SUITE 400

PLANT CITY, FL 33566

FEI Number: 14-1843856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HUTTO, KENNETH C ESQ HOHL, TIMOTHY M 4014 GUNN HWY, STE 260 1203 LÓNGWOOD OAKS BLVD LAKELAND, FL 33803 TAMPA, FL 33618

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: TIMOTHY M. HOHL 01/10/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: () Change () Addition

WILLIAMS, TIMOTHY B DO Name: Name: 4016 N WILDER ROAD Address: Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: TIMOTHY B. WILLIAMS 01/10/2006 D