2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000103888

Entity Name: PEDIATRIC ASSOCIATES AT ARGYLE, P.A.

FILED Apr 21, 2005 Secretary of State

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

7855 ARGYLE FOREST BLVD. SUITE 701 JACKSONVILLE, FL 32244

Current Mailing Address: New Mailing Address:

7855 ARGYLE FOREST BLVD. SUITE 701 JACKSONVILLE, FL 32244

FEI Number: 54-2075923 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:

RENDON, ORLANDO V M.D.
518 OAKMONT DR
518 OAKMONT DR
ORANGE PARK, FL 32073 US
CRANGE PARK, FL 32073 US
CRANGE PARK, FL 32073 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: ORLANDO V. RENDON 04/21/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title: **PSTD** RENDON, ORLANDO RENDON, ORLANDO V M.D. Name: Name: 518 OAKMONT DR 518 OAKMONT DR Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ORLANDO V. RENDON PSTD 04/21/2005