

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112023

FILED
Feb 12, 2004
Secretary of State

Entity Name: EDRALIN PEDIATRIC CENTER, P.A.

Current Principal Place of Business:

11250 OLD ST. AUGUSTINE RD.
SUITE 15-264
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST. AUGUSTINE RD.
SUITE 15-264
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-0543031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUINEZ, ROMUALDO C JR.
6320 ST. AUGUSTINE ROAD
BUILDING 12
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDRALIN, FLORANGEL G
Address: 12627 SAN JOSE BLVD., SUITE 801-802
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: EDRALIN, FLORANGEL G MD
Address: 11250 OLD ST. AUGUSTINE ROAD SUITE 15-264
City-St-Zip: JACKSONVILLE, FL 32257

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: FLORANGEL G. EDRALIN, MD

D

02/12/2004

Electronic Signature of Signing Officer or Director

Date