

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130964

FILED
Jan 20, 2009
Secretary of State

Entity Name: PEDIATRIC ASSOCIATES OF JULINGTON CREEK, P.A.

Current Principal Place of Business:

1631 RACE TRACK ROAD
SUITE 101
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

11231 CHESTER LAKE ROAD WEST
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 35-2217595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, MARY ANN
11231 CHESTER LAKE ROAD WEST
JACKSONVILLE, FL 32256 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: CEO () Delete
Name: GARCIA, MARY ANN
Address: 11231 CHESTER LAKE ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32256

Title: COO () Delete
Name: LUZ, VICTOR
Address: 11231 CHESTER LAKE ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARY ANN GARCIA

CEO

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date