2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# P03000136398

Entity Name: KIDS' CARE PEDIATRICS OF NORTHWEST FLORIDA, INC.

Current Principal Place of Business:

5962 BERRYHILL ROAD
MILTON, FL 32570

New Principal Place of Business:

4622 SUMMERDALE BLVD
PACE, FL 32571

Current Mailing Address:

5962 BERRYHILL ROAD
MILTON, FL 32570

New Mailing Address:

4622 SUMMERDALE BLVD
PACE, FL 32571

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHIBBS, SUZANNE N
105 E GREGORY SQUARE
PENSACOLA, FL 32502 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: PRES ( ) Delete
Name: ZIMMERMAN, JENNIFER M M.D.
Address: 5962 BERYHILL ROAD
City-St-Zip: MILTON, FL 32570 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ZIMMERMAN, JENNIFER M M.D.
Address: 4622 SUMMERDALE BLVD
City-St-Zip: PACE, FL 32571 US

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: JENNIFER M. ZIMMERMAN PRES 03/15/2005

Electronic Signature of Signing Officer or Director — Date