
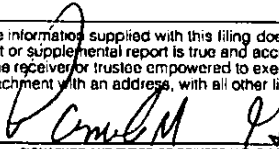


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

3. **FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90005 037 \*\*\*150.00

<b>DOCUMENT # P06000010071</b>			
1. Entity Name <b>FIRST STEPS PEDIATRICS, P.A.</b>			
Principal Place of Business <b>5149 N 9 AVE MEDICAL MALL STE 254 PENSACOLA, FL 32504</b>		Mailing Address <b>5149 N 9 AVE MEDICAL MALL STE 254 PENSACOLA, FL 32504</b>	
2. Principal Place of Business - No P.O. Box # <b>5868 Creek Station Drive</b>		3. Mailing Address <b>5868 Creek Station Drive</b>	
Suite, Apt. #, etc. <b>Building A</b>		Suite, Apt. #, etc. <b>Building A</b>	
City & State <b>Pensacola</b>		City & State <b>Pensacola</b>	
Zip <b>FL</b>	Country <b>US</b>	Zip <b>FL</b>	Country <b>US</b>
4. FEI Number <b>203747227</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WHIBBS, SUZANNE N 105 E. GREGORY SQUARE PENSACOLA, FL 32502</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when releasing) Signature: typed or printed name of registered agent and title if applicable. DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P GRIER, PAMELA M 5147 NORTH NINTH AVENUE, SUITE 318 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D, P Grier, Pamela m. 5868 Creek Station Drive, Building A Pensacola, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date <b>2/13/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR		Daytime Phone #	