

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125071

FILED
May 01, 2008
Secretary of State

Entity Name: INDEPENDENT PEDIATRICIANS OF NORTH FLORIDA, P.A.

Current Principal Place of Business:

4051 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4051 ATLANTIC BLVD.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-5631637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOHA, MARY E
4051 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SOHA, MARY E PRES
Address: 4051 ATLANTIC BLVD
City-St-Zip: JAX, FL 32207 US

Title: VP () Delete
Name: COOPER, REBECCA VP
Address: 4051 ATLANTIC BLVD
City-St-Zip: JAX, FL 32207

Title: VP () Delete
Name: EISENBERG, IRIS VP
Address: 4051 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: O'REILLY, BARBARA VP
Address: 4051 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: REDDY, PRASANTHI VP
Address: 4051 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP () Delete
Name: THOMPSON, SHELLY H VP
Address: 4051 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 SOHA

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date