FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **P93000054024 (3)**

1. Corporation Name

PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.

JAN 19

Principal Place of Business

6550 N FEDERAL HIGHWAY
SUITE 300
FT. LAUDERDALE FL 33308
US

Mailing Address

ATTENTION: TAX DEPARTMENT
P O BOX 15309
DURHAM NC 27704
US

2. Principal Place of Business	2a. Mailing Address
21 **2400 EAST COMMERCIAL BLVD**	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 **SUITE 1100**	27
City & State	City & State
23 **FT. LAUDERDALE, FL**	28
Zip / Country	Zip / Country
24 **33308** / 25	29 / 30

3. Date Incorporated or Qualified: **08/02/1993**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **56-1836488** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	WALLS, BERTRAM E MD		1.2 NAME	VALLI, KATHLEEN A.	
STREET ADDRESS	2828 CROASDAILE DRIVE		1.3 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 300	
CITY-ST-ZIP	DURHAM NC		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	SD	☐ DELETE	2.1 TITLE	S/D	☒ Change ☐ Addition
NAME	SPAHR, THOMAS W		2.2 NAME	LOWE, THOM, M.D.	
STREET ADDRESS	2828 CROASDAILE DRIVE		2.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
CITY-ST-ZIP	DURHAM NC		2.4 CITY-ST-ZIP	FT. LAUDERDALE , FL 33308	
TITLE	TD	☐ DELETE	3.1 TITLE	T	☒ Change ☐ Addition
NAME	LYNCH, SALLY S		3.2 NAME	KENNEDY, JONATHAN E.	
STREET ADDRESS	2828 CROASDAILE DRIVE		3.3 STREET ADDRESS	3708 MAYFAIR STREET, SUITE 206	
CITY-ST-ZIP	DURHAM NC		3.4 CITY-ST-ZIP	DURHAM, NC 27707	
TITLE	AS	☐ DELETE	4.1 TITLE	AT	☐ Change ☒ Addition
NAME	ANDREWS, R. DAVID		4.2 NAME	FIELDING, ROBIN	
STREET ADDRESS	2828 CROASDAILE DRIVE		4.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
CITY-ST-ZIP	DURHAM NC		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **R. DAVID ANDREWS** **4-26-96** **(919) 383-0355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #