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PROFIT CORPORATION ANNUAL REPORT
1997

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

RECEIVED
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CHGI
CORPORATE TAX DEPARTMENT

DOCUMENT # **P93000054024 (3)**

1. Corporation Name
PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.

Principal Place of Business
2400 EAST COMMERCIAL BLVD
SUITE 1100
FT LAUDERDALE FL 33308
US

Mailing Address
ATTENTION: TAX DEPARTMENT
P O BOX 15309
DURHAM NC 27704-0309
US

3. Date Incorporated or Qualified: **08/02/1993**	3a. Date of Last Report: **05/01/1996**
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	

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	WALLS, BERTRAM E MD		1.2 NAME	DOOLITTLE, KIRK	
STREET ADDRESS	2828 CROASDAILE DRIVE		1.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC		1.4 CITY-ST-ZIP	DURHAM, NC 27705	
TITLE	SD	☒ DELETE	2.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	SPAHR, THOMAS W		2.2 NAME	JACKSON, BRETT L.	
STREET ADDRESS	2828 CROASDAILE DRIVE		2.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC		2.4 CITY-ST-ZIP	DURHAM, NC 27705	
TITLE	TD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LYNCH, SALLY S		3.2 NAME	LOWE, TOM M.D.	
STREET ADDRESS	2828 CROASDAILE DRIVE		3.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100	
CITY-ST-ZIP	DURHAM NC		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	AS	☒ DELETE	4.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	ANDREWS, R. DAVID		4.2 NAME	VALLI, KATHLEEN A.	
STREET ADDRESS	2828 CROASDAILE DRIVE		4.3 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 300	
CITY-ST-ZIP	DURHAM NC		4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE	AT	☐ DELETE	5.1 TITLE	VP/S	☒ Change ☐ Addition
NAME	FIELDING, ROBIN		5.2 NAME		
STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	KENNEDY, JONATHAN E.		6.2 NAME	SMITH, PAULA	
STREET ADDRESS	3708 MAYFAIR STREET SUITE 206		6.3 STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC		6.4 CITY-ST-ZIP	DURHAM, NC 27705	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

ATTACHMENT
1997 PROFIT CORPORATION
ANNUAL REPORT
STATE OF FLORIDA

PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.
FEIN: 56-1836488

ADDITIONAL OFFICERS AND DIRECTORS

TITLE	Assistant Secretary
NAME	Angela M. Snedeker
STREET ADDRESS	2828 Croasdaile Drive
CITY-ST-ZIP	Durham, NC 27705