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May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 S. FEDERAL HIGHWAY Suite, Apt. #, etc. 22 SUITE 300 City & State 23 POMPANO BEACH, FL Zip 24 33062		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/02/1993	
		4. FEI Number 56-1836488		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DOOLITTLE, KIRK 2828 CROASDALE DRIVE DURHAM NC	1.1 TITLE	PD PODOLSKY, SHERMAN M. M.D. 2828 CROASDALE DRIVE DURHAM, NC 27705
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPD JACKSON, BRETT L 2828 CROASDALE DRIVE DURHAM NC	2.1 TITLE	VPD BREDESON, CHRISTOPHER 1600 S. FEDERAL HWY., STE 300 POMPANO BEACH, FL 33062
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D LOWE, TOM M.D. 2400 E COMMERCIAL BLVD., SUITE 1100 FT LAUDERDALE FL	3.1 TITLE	D MOFFITT, CATHERINE M. M.D. 1600 S. FEDERAL HWY., STE 300 POMPANO BEACH, FL 33062
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPD VALLI, KATHLEEN A 6550 N FEDERAL HWY., SUITE 300 FT LAUDERDALE FL	4.1 TITLE	S GUDINAS, PAT 1600 S. FEDERAL HWY., STE 300 POMPANO BEACH, FL 33062
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AT FIELDING, ROBIN 2400 EAST COMMERCIAL BLVD, SUITE 1100 FT LAUDERDALE FL	5.1 TITLE	T RECTOR, BRUCE 2828 CROASDALE DRIVE DURHAM, NC 27705
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP SMITH, PAULA 2828 CROASDALE DR DURHAM NC	6.1 TITLE	VP AS SMITH, PAULA 2828 CROASDALE DRIVE DURHAM, NC 27705
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, changed, or on an attachment with an address.

SIGNATURE: *John P. Pifer* JOHN P. PIFER 010 382-0355

CR2E034 (10/97)

**ATTACHMENT**

**STATE OF FLORIDA  
1998 ANNUAL REPORT**

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

**ADDITIONAL OFFICERS**

<b>TITLE</b>	Assistant Secretary
<b>NAME</b>	Joan R. Petrea
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705