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001084

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90032 049 ***150.00

DOCUMENT # P93000054024

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



Principal Place of Business 1600 S FEDERAL HIGHWAY SUITE 300 POMPANO BEACH FL 33062 US

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/02/1993

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324

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	<input type="checkbox"/> DELETE
NAME	POKOLSKY, SHERMAN M MD	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BREDESON, CHRISTOPHER	
STREET ADDRESS	1600 S FEDERAL HWY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOFFITT, CATHERINE M MD	
STREET ADDRESS	1600 S FEDERAL HWY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GUIDINAS, PAT	
STREET ADDRESS	1600 S FEDERAL HWY, SUITE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RECTOR, BRUCE	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PAULA	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan R. Petrea* 4/20/99 919-393-0355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

ATTACHMENT

544931-9003249

STATE OF FLORIDA
CORPORATION ANNUAL REPORT
1999

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

13.) OFFICERS:

NAME/TITLE:

ADDRESS:

Edith McDuffie
V

2828 Croasdaile Drive
Durham, NC 27705

Steven Scott, M.D.
V

2828 Croasdaile Drive
Durham, NC 27705

Tammy Davis
Asst. Sec.

2828 Croasdaile Drive
Durham, NC 27705

Joan R. Petrea
Asst. Sec

2828 Croasdaile Drive
Durham, NC 27705