Mailing Address

ATTENTION: TAX DEPARTMENT

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000054024

1. Corporation Name

Principal Place of Business

1600 S FEDERAL HIGHWAY

PEDIATRIC CONSULTANTS OF BROWARD COUNTY, INC.

SUITE 300 P O BOX 15309 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 DURHAM NC 27704 3. Date Incorporated or Qualifed บร 08/02/1993 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 56-1836488 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired \Box Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible **∀Z**ÍNo 29 30 Personal Property Tax. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION FL 33324 83 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ▼ Change Addition DELETE 1.1 TITLE TITLE POKOLSKY, SHERMAN M MD 1.2 NAME NAME 2828 CROASDAILE DRIVE 1.3 STREET ADDRESS STREET ADDRESS **DURHAM NC 27705** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE **VPD** TITLE BREDESON, CHRISTOPHER 2.2 NAME NAME 1600 S FEDERAL HWY, SUITE 300 2.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 3.1 TITLE TITLE MOFFITT, CATHERINE M MD 3.2 NAME NAME 1600 S FEDERAL HWY, SUITE 300 3.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4 2 NAME GUIDINAS, PAT NAME 1600 S FEDERAL HWY, SUITE 300 4.3 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 51 TITLE 5.2 NAME RECTOR, BRUCE NAME 5.3 STREET ADDRESS 2828 CROASDAILE DRIVE STREET ADDRESS 54 CITY-ST-ZIP DURHAM NC 27705 CITY-ST-ZIP □ Addition DELETE 6.1 TITLE Change TITLE VPAS 6.2 NAME SMITH, PAULA NAME 6.3 STREET ADDRESS 2828 CROASDAILE DR STREET ADDRESS

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

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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, by on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

DURHAM NC 27705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CR2E034

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ATTACHMENT

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STATE OF FLORIDA CORPORATION ANNUAL REPORT 1999

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

13.) OFFICERS:

NAME/TITLE;	ADDRESS:
Edith McDuffie	2828 Croasdaile Drive
V	Durham, NC 27705
Steven Scott, M.D. V	2828 Croasdaile Drive Durham, NC 27705
Tammy Davis	2828 Croasdaile Drive
Asst. Sec.	Durham, NC 27705
Joan R. Petrea	2828 Croasdaile Drive
Asst. Sec	Durham, NC 27705