

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 2
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DOCUMENT # P93000056647
 1. Entity Name
 NORTHEAST FLORIDA PEDIATRIC ASSOCIATES, P.A.



Principal Place of Business
 1301-19 MONUMENT RD.
 JACKSONVILLE, FL 32225

Mailing Address
 1301-19 MONUMENT RD.
 JACKSONVILLE, FL 32225



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3195018 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PULIGNANO, NICHOLAS V JR
 1200 GULF LIFE DRIVE
 SUITE 800
 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

7. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENA-ARIET, RODOLFO M.D.
STREET ADDRESS	1301-19 MONUMENT RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	PENA-ARIET, OLGA M.D.
STREET ADDRESS	1301-19 MONUMENT RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000401984
 02/02/06-80067-022 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 01/19/06 Date Daytime Phone #

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

IN THIS SPACE

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SIGNATURE: *[Signature]* Jan 19 2006 321 973 1207 Date Daytime Phone #