

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 004 ***158.75

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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

40010223



01222007 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~~

Robert Bernstein
Foley & Hardner LLP
One Independence Dr
Jacksonville, FL
32207

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IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/24/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #