


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90422 004 ***150.00

DOCUMENT # P93000086735

1. Entity Name
BAPTIST PEDIATRICS, INC.



Principal Place of Business
**C/O HARVEY GRANGER
 1325 SAN MARCO BLVD., SUITE 902
 JACKSONVILLE, FL 32207 US**

Mailing Address
**C/O HARVEY GRANGER
 1325 SAN MARCO BLVD., SUITE 902
 JACKSONVILLE, FL 32207 US**

40079997



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

05012006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
59-3215071

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRANGER, HARVEY 1325 SAN MARCO BLVD. SUITE 902 JACKSONVILLE, FL 32207		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DVS	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PARRETT, DONALD O			NAME	Greene, A. Hugh		
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902			STREET ADDRESS	1325 San marco Blvd., Suite 902		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	DP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	THOMPSON, CAROL C			NAME	Wilbanks, John F.		
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902			STREET ADDRESS	1325 San marco Blvd., Suite 902		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	Jacksonville, FL 32207		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MALLY, EARL B			NAME	Mally, Earl B.		
STREET ADDRESS	1325 SAN MARCO BLVD, STE 902			STREET ADDRESS	1325 San marco Blvd., Suite 902		
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRANGER, HARVEY			NAME			
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 902			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: A. Hugh Greene Date: 4/28/06 Daytime Phone #: 904-202-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR