
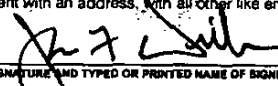


FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90168 025 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|--|---------------------|---|---|--------------------------------------|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04102008 Chg-P CR2E034 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-3215071 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GREEN, HUGH A | | NAME | | |
| STREET ADDRESS | 1325 SAN MARCO BLVD., SUITE 902 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WILBANKS, JOHN F | | NAME | | |
| STREET ADDRESS | 1325 SAN MARCO BLVD., SUITE 902 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
| TITLE | DPT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MALLY, EARL B | | NAME | | |
| STREET ADDRESS | 1325 SAN MARCO BLVD, STE 902 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
| 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:  | | | Date: 4/28/08 | | Daytime Phone #: 904-202-2294 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |

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