

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035899 (1)**

1. Corporation Name
PEDIATRIC PROVIDERS, INC.

Principal Place of Business

C/O 3363 SHERIDAN ST
SUITE 204
HOLLYWOOD FL 33021

Mailing Address

C/O 3363 SHERIDAN ST
SUITE 204
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/12/1994** 3a. Date of Last Report

4. FEI Number **65-0496564** Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

State, Apt #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

State, Apt #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JACOBSON, JAMES
3363 SHERIDAN ST
SUITE 204
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

Registered Agent or Registered Agent and User Available

Registered Agent or Registered Agent and User Available

(A-1)

12. OFFICERS AND DIRECTORS

TITLE: **D**
NAME: **LEVIN, PHILIP A**
STREET ADDRESS: **4500 SHERIDAN ST**
CITY, ST, ZIP: **HOLLYWOOD FL 33021**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE Change Addition
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

25 TITLE Change Addition
26 NAME
27 STREET ADDRESS
28 CITY, ST, ZIP

29 TITLE Change Addition
30 NAME
31 STREET ADDRESS
32 CITY, ST, ZIP

33 TITLE Change Addition
34 NAME
35 STREET ADDRESS
36 CITY, ST, ZIP

37 TITLE Change Addition
38 NAME
39 STREET ADDRESS
40 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), 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. I am an officer or director of the corporation or the receiver or judicial assignee responsible to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Philip Levin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip Levin

4/27/95

967-6400