

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date incorporated or Qualified: **05/12/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0496564**
Applied For: 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 s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of 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 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* DATE: _____

12. OFFICERS AND DIRECTORS
D
1. TITLE: DELETE
NAME: **LEVIN, PHILIP A**
STREET ADDRESS: **4500 SHERIDAN ST**
CITY - ST - ZIP: **HOLLYWOOD FL 33021**
2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY - ST - ZIP:
2. TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:
3. TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
4. TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:
5. TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:
6. TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 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 119.07(3)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Philip Levin**

4/18/96 (954) 967-6400
100001784741
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***200.00

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