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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000047542

 1. Corporation Name
PEDIATRIC COMMUNICATION SPECIALISTS, INC.

 Principal Place of Business
218 HALTON CIRCLE
SEFFNER FL 33584

 Mailing Address
218 HALTON CIRCLE
SEFFNER FL 33584


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3259458	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MANCUSO-SALAMUN, CATHERINE 218 HALTON CIRCLE SEFFNER FL 33584				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	PRES	☐ DELETE
	NAME	MANCUSO-SALAMUN, CATHERINE	
	STREET ADDRESS	218 HALTON CIRCLE	
	CITY-ST-ZIP	SEFFNER FL	
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	☐ Change ☐ Addition
1.2	NAME	
1.3	STREET ADDRESS	
1.4	CITY-ST-ZIP	
2.1	TITLE	☐ Change ☐ Addition
2.2	NAME	
2.3	STREET ADDRESS	
2.4	CITY-ST-ZIP	
3.1	TITLE	☐ Change ☐ Addition
3.2	NAME	
3.3	STREET ADDRESS	
3.4	CITY-ST-ZIP	
4.1	TITLE	☐ Change ☐ Addition
4.2	NAME	
4.3	STREET ADDRESS	
4.4	CITY-ST-ZIP	
5.1	TITLE	☐ Change ☐ Addition
5.2	NAME	
5.3	STREET ADDRESS	
5.4	CITY-ST-ZIP	
6.1	TITLE	☐ Change ☐ Addition
6.2	NAME	
6.3	STREET ADDRESS	
6.4	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other I be empowered.

 SIGNATURE: *Catherine Mancuso Salamun*

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