

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000069077 (3)**

1. Corporation Name

ASSOCIATED PEDIATRICIANS, INC.



Principal Place of Business

Mailing Address

**2828 CROASDAILE DRIVE
DURHAM NC 27705**

**ATTN: TAX DEPT.
P.O. BOX 15309
DURHAM NC 27704
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified

09/20/1994

3a. Date of Last Report

05/01/1995

4. FFI Number

65-0531918

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and date of appointment

Signature typed or printed name of registered agent and date of appointment

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BIRCH, WALTER E.**
STREET ADDRESS **2400 E. COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME **PONT, M.D. EDWIN S.**
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VP RICHMAN, ANDREW MD**
STREET ADDRESS **2400 E. COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **ST BAUER, ANNETTE**
STREET ADDRESS **2400 E. COMMERCIAL BLVD., STE. 315**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**

3.1 TITLE **D/V/S/T** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **AS** ☐ Change ☒ Addition
4.2 NAME **SNEDEKER, ANGELA M.**
4.3 STREET ADDRESS **2828 CROASDAILE DRIVE**
4.4 CITY-ST-ZIP **DURHAM, NC 27705**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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:

Angela M. Sneider

ANGELA M. SNEDEKER

4-26-96

(919) 383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)