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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **P94000083129 (4)**

1. Corporation Name
PLANTATION PEDIATRIC GROUP, INC.

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD. #315 FORT LAUDERDALE FL 33308	ATTN: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994

2. Principal Place of Business	2a. Mailing Address
21 201 NW 70th Ave	26 P.O. Box 61179
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Plantation FL	28 City & State: Durham NC
24 Zip: 33317 / 25 Country	29 Zip: 27715 / 30 Country

4. FEI Number: ~~65-0530046~~ 65-0538046 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☒ DELETE	11 TITLE	D P	☐ Change ☒ Addition
NAME	BAUER, ANNETTE		12 NAME	Steven M Scott MD	
STREET ADDRESS	2400 E. COMMERCIAL BLVD., STE. 315		13 STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		14 CITY-ST-ZIP	Durham NC 27705	
TITLE	AS	☒ DELETE	21 TITLE	SVP	☐ Change ☒ Addition
NAME	SNEDEKER, ANGELA M		22 NAME	Rebecca J Scott	
STREET ADDRESS	2828 CROASDAILE DR.		23 STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP	DURHAM NC 27705		24 CITY-ST-ZIP	Durham NC 27705	
TITLE		☐ DELETE	31 TITLE	VP T	☐ Change ☒ Addition
NAME			32 NAME	Anita S Wegner	
STREET ADDRESS			33 STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP			34 CITY-ST-ZIP	Durham NC 27705	
TITLE		☐ DELETE	41 TITLE	S	☐ Change ☒ Addition
NAME			42 NAME	Nancy Locklear	
STREET ADDRESS			43 STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP			44 CITY-ST-ZIP	Durham NC 27705	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 04/28/1998