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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

| PEDIATRIC CARE ASSOCIATES rincipal Place of Business 8240 OVERSEAS HWY UITE 4 AVERNIER FL 33070 | Mailing Address 89240 OVERSEAS HWY SUITE 4 TAVERNIER FL 33070-2141 | | 3. Date Incorporated or Qualified | | |
|--|--|--|---|--|--|
| | | | 06/28/1995 | 10/25/1996 | 1,000.1 |
| Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | | Applied For |
| Suite, Apt #, etc. | Suite, Apt. #, etc. | ···· | 65-0597436 | ¢0.75 | Not Applicable Additional |
| 1 | 27 | | 5. Certificate of Status Desired | | Required |
| City & State | City & State | | 6. Election Campaign Financing | | May Be |
| Zip Country | 28 Zip | Country | Trust Fund Contribution | | to Fees |
| 25 | 29 | 30 | This corporation has liability to Florida Statutes | or intangible tax under | s. 199.032, |
| 9. Name and Address of | Current Registered Agent | | 10. Name and Address of New F | Registered Agent | |
| FEBLES, OSCAR R M.D. | | 81 Name | | | |
| 89240 OVERSEAS HWY | | 82 Street Add | dress (P.O. Box Number is Not Accept | able) | |
| SUITE 4 TAVERNIER FL 33070 | | 83 | | | |
| TAVETUREN LE GOOTO | | 84 City | | 85 Zig | Code |
| | | 1 1 7 | * <u>.</u> | | |
| Eluminad to the provisions of Sections 6 | | | | | |
| office or registered are it or both, in the | e State of Florida. Such change was a | es, the above-named cor authorized by the corpora | rporation submits this statement for the ation's board of directors. I hereby acc | e purpose of changing cept the appointment a | its registered is registered |
| | | | rporation submits this statement for the ation's board of directors. I hereby acc | e purpose of changing cept the appointment a | its registered is registered |
| IIGNATURE X | Oscar R. Fe | es, the above-named cor authorized by the corpora orida Statutes. bles M.D. E Registered Agent signature requ | | e purpose of changing cept the appointment a 4/19/97 | its registered is registered |
| GRATURE Survey of the component name or regis | Oscar R. Fe | bles" M.D. | | 4/19/97 DATE FICERS AND DIRECTO | DRS IN 12 |
| EIGNATURE Survey of the component name of register. 2. OFFICE | Oscar R. Fe | bles M.D. E Registered Agent signature requ 13. 1.1 TITLE | Jrad when reinstaling) | 4/19/97 DATE | DRS IN 12 |
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SIGNATURE: X

4/19/97

(305) 852~5999

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Apr 29 1997 8:00am

Secretary of State