

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000022183 (3)  
1. Corporation Name

NATURE COAST PEDIATRICS, INC.

Principal Place of Business  
3400 NORTH LECANTO HIGHWAY  
BEVERLY HILLS FL 34464

Mailing Address  
POST OFFICE BOX 640309  
BEVERLY HILLS FL 34464

FILED

98 OCT 16 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 512 N. LECANTO HWY Suite, Apt. #, etc. 22 City & State 23 LECANTO FL Zip 24 34460		2a. Mailing Address 26 P. O. BOX 316 Suite, Apt. #, etc. 27 City & State 28 LECANTO FL Zip 29 34460		3. Date Incorporated or Qualified 03/11/1996		4. FEI Number 59-3329336		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes	

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name  
NAGABHUSHAN M. BEGUR  
82 Street Address (P.O. Box Number is Not Acceptable)  
817 N SPENDABUCK DRIVE  
83  
84 City  
INVERNESS FL  
85 Zip Code  
34453

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BHUSHAN, KOMALA NAGA M.D.			1.2 NAME			
STREET ADDRESS	3400 NORTH LECANTO HIGHWAY			1.3 STREET ADDRESS			817 N. SPENDABUCK DRIVE
CITY-ST-ZIP	BEVERLY HILLS FL 34464			1.4 CITY-ST-ZIP			INVERNESS, FL 34453
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEGUR, NAGABHUSHAN M			2.2 NAME			
STREET ADDRESS	3400 NORTH LECANTO HIGHWAY			2.3 STREET ADDRESS			817 N. SPENDABUCK DRIVE
CITY-ST-ZIP	BEVERLY HILLS FL 34464			2.4 CITY-ST-ZIP			INVERNESS, FL 34453
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			200002669212--7
CITY-ST-ZIP				3.4 CITY-ST-ZIP			-10/21/98-01061-004
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			***150.00***
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: NAGABHUSHAN M BEGUR  
Signature and typed or printed name of signing officer or director  
Date: Oct 15, 98  
Daytime Phone #: 352-527-2244

CR2E034 (5/98)

Barnes and Cohen, C.P.A.'s, P.A.  
441 N. E. 1st Street  
P.O. Box 490  
Crystal River, Florida 34423-0490  
(352) 563-1300  
FAX (352) 563-2839

(2)

October 15, 1998

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

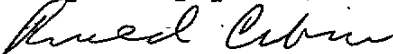
Re: Nature Coast Pediatrics, Inc.

Gentlemen:

The address on the annual report for the principal place of business and the registered agent has not been in use since 1996. Accordingly, taxpayer did not receive the annual report renewal until recently.

I hope this is the information you require.

Very truly yours,

  
Ronald Cohen, C.P.A.