## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P96000024028 (8)

SPRINGS PEDIATRICS, INC.

Mailing Address

**FILED** Apr 30 1998 8:00am Secretary of State



2400 EAST COMMERCIAL BOULEVARD SUITE 1200 FT. LAUDERDALE FL 33308		ATTENTION: TAX DEPARTMENT P.O. BOX 15309 DURHAM NC 27704		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
4 5				03/18/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 8190	Koyal talm Blud	26 P.O. BOX	61179	65-0653576	Not Applicable
Suite, Apt. #	1, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		C Floring Committee Signature	•
Z3 Core	_	28 Durham	NC	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	L Springs FL	20) Dur Mayn	Country	TOOL VALLE SOLUTION	
24 330	1 🔾	פוררב 29	30	This corporation owes or has paid the cur     Personal Property Tax due June 30.	Tent year intangible ☐ Yes ☐ No
14 000	9. Name and Address of Current	. 1 - 1	130	10. Name and Address of New Registered	
PED	GER, JAMES L		81 Name		
	NORTH EAST THIRD AVENUE				
			82 Street	Address (P.O. Box Number is Not Acceptable)	
	FE 400		83		
FI.	LAUDERDALE FL 33301		63		
			84 City		85 Zip Code
				FL	
office or re agent. I an	glistered agent, or both, in the State on familiar with, and accept the obligation	of Florida, Such change was a lions of, Section 607.0505, Fk	authorized by the corporada Statutes.	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	ointment as registered
	Signature: typed or printed name of registered agen-		E: Registered Agent signature	, , , , , , , , , , , , , , , , , , , ,	
12.	OFFICERS AND	14	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DP	DELETE	1.1 TITLE	DP	Change Addition
NAME	DAUCHERT, EUGENE F		1.2 NAME	Steven M. Scott mD	
STREET ADDRESS	2828 CROASDAILE DRIVE		1.3 STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP	DURHAM NC 27705		1.4 CHY-ST-ZIP	Durham NC 27705	
TITLE	8	DELETE	2 1 TITLE	SUP	☐ Change ☐ Addition
NAME	<b>S</b> NEDEKER, ANGELA M	,	2.2 NAME	Daleace T Scott.	• •
STREET ADDRESS	2828 CROASDAILE DRIVE	•	2 3 STREET ADDRESS	2828 Croasdaile Drive	
CITY-ST-ZIP	DURHAM NC 27705		2 4 CITY-ST-ZIP	Durham NC 27705	
TITLE		☐ DELETE	3 1 1/1LE	VP T	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	Anita S. Wegner 2828 croasdaile Drive	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE	S S	Change Addition
NAME		<u></u>	4. 2 NAME	Nancy Locleton	
				2828 croasdaile Drive	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 City-St-ZiP	Durhan NC 27705	Change Addition
TITLE		L DECEME	5.1 Tifle		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
indicated o	on this annual report or supplemental	annual report is true and acc	urate and that my sig	d in Section 119.07(3)(i), Florida Statules. I further ce nature shall have the same legal effect as if made un- required by Chapter 607, Florida Statutes; and that n	der oath; that I am an