5-7-97 B. 16541 -C

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000048914 (1)**

1. Corporation Name
GULF COAST PEDIATRICS, INC.

Principal Place of Business	Mailing Address
~~4018 HUXFORD COURT~~ ~~TAMPA FL 33624~~	~~P.O. BOX 270742~~ ~~TAMPA FL 33688-3742~~

3. Date Incorporated or Qualified: 06/07/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4802 Gunn Hwy.	26 4802 Gunn Hwy.
22 Suite, Apt. #, etc. Ste #156	27 Suite, Apt. #, etc. Ste. #156
23 City & State Tampa, FL	28 City & State Tampa, FL
24 Zip 33624 25 Country USA	29 Zip 33624 30 Country USA

4. FEI Number: 59-3386283 ☐ 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

9. Name and Address of Current Registered Agent

MIKOS, CYNTHIA A ESQ
JACOBS, FORLIZZO & NEAL, P.A.
13577 FEATHER SOUND DRIVE #300
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

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: Teresa Valdes Pres. 4/24/97
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	~~President/Sec.~~ ☐ DELETE	11 TITLE	President/Sec. ☐ Change ☐ Addition
NAME	~~Teresa Valdes, ARNP~~	12 NAME	Teresa Valdes, ARNP
STREET ADDRESS	~~4802 Gunn Hwy #156~~	13 STREET ADDRESS	4802 Gunn Hwy #156
CITY-ST-ZIP	~~Tampa, FL 33624~~	14 CITY-ST-ZIP	Tampa, FL 33624
TITLE	~~Vice-Pres./Treas~~ ☐ DELETE	21 TITLE	Vice-President/Treas. ☐ Change ☐ Addition
NAME	~~Lynn Kaiser, ARNP~~	22 NAME	Lynn Kaiser, ARNP
STREET ADDRESS	~~4802 Gunn Hwy. #156~~	23 STREET ADDRESS	4802 Gunn Hwy. #156
CITY-ST-ZIP	~~Tampa FL 33624~~	24 CITY-ST-ZIP	Tampa, FL 33624
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
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	

ERROR

CR2E034 (9/96)

14. I do 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: Teresa Valdes Pres. 4/24/97 813-961-0749