2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000082597

1. Entity Name
PEDIATRIC HEALTH CARE ALLIANCE, P.A.

FILED
06 MAR -1 AM 8:56

Principal Place of Business	Mailing Address
11274 W. HILLSBOROUGH AVE TAMPA, FL 33635 US	P O BOX 25437 TAMPA, FL 33623 US

01252006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3405327
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUGG, JOSEPH W. N
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33635

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FRANCE, LANE MD
STREET ADDRESS	11274 W. HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	V
NAME	REINER, CHRISTOHPER R MD
STREET ADDRESS	11274 W HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	DV
NAME	SHAW, MAURICE MD
STREET ADDRESS	11274 W. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	V
NAME	BAADE, MELODY N MD
STREET ADDRESS	11274 W. HILLSBOROUGH AVE
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	V
NAME	BORKOWF, SHIRLEY MD
STREET ADDRESS	11274 W. HILLSBOROUGH AVE
CITY ST ZIP	TAMPA, FL 33635
TITLE	
NAME	B 3/7/06
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. Lane France
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Dr. France