

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 018 ***150.00

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



Principal Place of Business
**11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635 US**

Mailing Address
**P O BOX 25437
TAMPA, FL 33623 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03262007 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FRANCE, LANE MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE.
TAMPA, FL 33635**

TITLE ☐ Change ☒ Addition
NAME **P**
STREET ADDRESS **FRED LIPSCHUTZ, MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **REINER, CHRISTOPHER R MD**
CITY-ST-ZIP **11274 W HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **KATHERINE LEWIS, MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **SHAW, MAURICE MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **PATECK YEE, MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **BAADE, MELODY N MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☐ Change ☒ Addition
NAME **V**
STREET ADDRESS **CHRIS TAPPAN, MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **BORKOWF, SHIRLEY MD**
CITY-ST-ZIP **11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

J. Lane D. Rugg

4/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #