

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082597

FILED
Mar 12, 2008
Secretary of State

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

Current Principal Place of Business:

11274 W. HILLSBOROUGH AVE
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 25437
TAMPA, FL 33623 US

New Mailing Address:

FEI Number: 59-3405327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANCE, LANE MD
Address: 11274 W. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33635

Title: V () Delete
Name: REINER, CHRISTOPHER R MD
Address: 11274 W HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: P () Delete
Name: LIPSCHUTZ, MD, FRED
Address: 11274 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: V () Delete
Name: LEWIS, MD, KATHERINE
Address: 11274 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: V () Delete
Name: YEE, MD, PATRICK
Address: 11274 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: V () Delete
Name: TAPPAN, MD, CHRIS
Address: 11274 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANE FRANCE, M.D.

D

03/12/2008

Electronic Signature of Signing Officer or Director

Date