

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000082597

FILED
Feb 18, 2010
Secretary of State

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

Current Principal Place of Business:

4033 TAMPA ROAD
SUITE 101
OLDSMAR, FL 34677 US

New Principal Place of Business:

Current Mailing Address:

4033 TAMPA ROAD
SUITE 101
OLDSMAR, FL 34677 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
Name: KULEK-LUZEY, KARALEE MD
Address: 4033 TAMPA ROAD, SUITE 101
City-St-Zip: OLDSMAR, FL 34677

Title: V
Name: REINER, CHRISTOHPER R MD
Address: 4033 TAMPA ROAD, SUITE 101
City-St-Zip: OLDSMAR, FL 34677

Title: P
Name: LIPSCHUTZ, MD, FRED
Address: 4033 TAMPA ROAD, SUITE 101
City-St-Zip: OLDSMAR, FL 34677

Title: V
Name: LEWIS, MD, KATHERINE
Address: 4033 TAMPA ROAD, SUITE 101
City-St-Zip: OLDSMAR, FL 34677

Title: V
Name: YEE, MD, PATRICK
Address: 4033 TAMPA ROAD, SUITE 101
City-St-Zip: OLDSMAR, FL 34677

Title: V
Name: TAPPAN, MD, CHRIS
Address: 4033 TAMPA ROAD, SUITE 101
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 all other like empowered.

SIGNATURE: MEREDITH GOODE

MGR

02/18/2010

Electronic Signature of Signing Officer or Director

Date