

2005 FOR PROFIT CORPORATION, REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 19 AM 10:36

REINSTATEMENT 04-05



DOCUMENT # P97000069985
1. Entity Name
PEDIATRIC HEALTHCARE CENTERS, INC.

Principal Place of Business: 68 E MAIN ST, APOPKA, FL 32703
Mailing Address: 68 E MAIN ST, APOPKA, FL 32703

2. Principal Place of Business: 308 Old Dixie Highway, Apopka, FL
3. Mailing Address: 308 Old Dixie Highway, Apopka, FL

08022005 REIN-P CR2E098 (6/04)
4. FEI Number: 59-3461026
5. Certificate of Status Desired: \$8.75 Additional Fee Required

Zip: 32712 Country: US

6. Name and Address of Current Registered Agent: MOODY, TONI C, 68 E MAIN ST, APOPKA, FL 32703

7. Name and Address of New Registered Agent: 5318 Hillside Drive, Orlando, FL 32810

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: Toni C. Moody DATE: 8/10/05

FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: MOOD NAME: Y, T C STREET ADDRESS: 5318 HILLSIDE DR. CITY-ST-ZIP: ORLANDO, FL 32810	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: Toni C. Moody 8/10/05 DATE: 407-342-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #