2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# P98000008425

Entity Name: PEDIATRICS IN NORTH FLORIDA, P.A.

Current Principal Place of Business:

1690 US 1 SOUTH
SUITE D
ST AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

RAPHAEL NG., M.D., P.A.
PO BOX 3320
SAINT AUGUSTINE, FL 32085 US

New Mailing Address:

P O BOX 3320
SAINT AUGUSTINE, FL 32085 US

FEI Number: 65-0598984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NG, RAPHAEL M.D.
1690 US 1 SOUTH
SUITE D
ST AUGUSTINE, FL 32084 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: MD ( ) Delete
Name: NG, RAPHAEL
Address: 1690 US 1 SOUTH SUITE D
City-St-Zip: ST AUGUSTINE, FL 32084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: NG, RAPHAEL M.D.
Address: 1690 US 1 SOUTH SUITE D
City-St-Zip: ST AUGUSTINE, FL 32084 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RAPHAEL NG, M.D. PRES 03/09/2007

Electronic Signature of Signing Officer or Director Date