

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014679

FILED  
Apr 02, 2006  
Secretary of State

Entity Name: PEDIATRIC PARTNERS OF PALM BEACH COUNTY, P.A.

## Current Principal Place of Business:

3401 PGA BLVD  
STE 300  
PALM BEACH GARDENS, FL 33410 US

## New Principal Place of Business:

## Current Mailing Address:

3401 PGA BLVD  
STE 300  
PALM BEACH GARDENS, FL 33410 US

## New Mailing Address:

FEI Number: 65-0830606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMES, KEITH A ESQ  
1655 PALM BEACH LAKES BLVD., SUITE 810  
WEST PALM BEACH, FL 33401 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: DR. ( ) Delete  
Name: SCHECHTMAN, TOMMY MD  
Address: 3401 PGA BLVD, SUITE 300  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DR. ( ) Delete  
Name: KILPATRICK, GERALD T MD  
Address: 3401 PGA BLVD, SUITE 300  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: TOMMY SCHECHTMAN

DR.

04/02/2006

Electronic Signature of Signing Officer or Director

Date