

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90030 021 ***150.00

DOCUMENT # P98000017379

1. Entity Name

PEDIATRICS IN BREVARD, P.A.



Principal Place of Business

134 SOUTH WOODS DR.
ROCKLEDGE, FL 32955

Mailing Address

134 SOUTH WOODS DR.
ROCKLEDGE, FL 32955

50007302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3477388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HERN, RICHARD K MD
635 PARK AVE
MERRITT ISLAND, FL 32952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TEBBE, PAUL C	
STREET ADDRESS	960 CARRIAGE HILL RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPPENBERGER, WILLIAM M.D.	
STREET ADDRESS	64 HILLTOP LANE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'HERN, RICHARD M.D.	
STREET ADDRESS	635 PARK AVE.	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULRICH, MARY W MD	
STREET ADDRESS	2105 PALOMINO RD.	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEIBA, ROBERT E MD	
STREET ADDRESS	1465 WELLINGTON CIR	
CITY-ST-ZIP	ROCKLEDGE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOCKETT, MACY E MD	
STREET ADDRESS	333 MARLIN PL	
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKETT, MACY E. MD	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul C. Tebbe **MD PhD** 3-20-06 321 784 54
President

Date

Daytime Phone #

ATTACHMENT

1. Entity Name PEDIATRICS IN BREVARD, P.A.



50007302

Principal Place of Business 134 SOUTH WOODS DR. ROCKLEDGE, FL 32955		Mailing Address 134 SOUTH WOODS DR. ROCKLEDGE, FL 32955		50007302	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3477388	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'HERN, RICHARD K MD 635 PARK AVE MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			

Additional
directors
TO BE
ADDED!

11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BOROWSKI, ANIELA J., MD 4225 CROOKED MILE ROAD MERKITT ISLAND, FL 32952		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D KENNEDY, JOHN C., MD 420 DE SOTO PARKWAY MELBOURNE, FL 32937		
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 exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Full K. O. Kern M.D. PhD
President

Date _____

Daytime Phone #

3-20 06 32178454

ATTACHMENT
50007302
#P98000017379



Stephen P. Alvarado, M.D.
A. Jan Borowski, M.D.
Heather Findlan, M.D.
Tara A. Forcier, M.D.
John C. Kennedy, M.D.
Wm. L. Knappenberger, M.D.
Robert E. Leiba, M.D.
Hiep Le Nguyen, M.D.
Richard K. O'Hern, M.D., Ph.D.
Mary E. Stockett, M.D.
Paul C. Tebbe, M.D.
Mary W. Ulrich, M.D.

Offices

134 S. Woods Dr., Rockledge, FL 32955
(321) 636-3066 Fax (321) 636-2545

1755 W. Hibiscus Blvd., Melbourne, FL 32901
(321) 724-5437 Fax (321) 724-5570

699 W. Cocoa Beach Cswy., Cocoa Beach, FL 32931
(321) 784-5437 Fax (321) 799-1231

7332 Office Park Place, Ste. 103, Viera, FL 32940
(321) 636-3066 Fax (321) 636-2545

Pediatric Nurse Practitioners

Dawn O. Eckhoff, C.P.N.P.
Margaret A. Mayer, C.P.N.P.
Margaret A. Nemethy, C.P.N.P.
Karen G. O'Hern, A.R.N.P.
Andrea A. Parker, C.P.N.P.
Eryn Preston, A.R.N.P.
Ann Reinhart, C.P.N.P.
Andrea L. Risberg, A.R.N.P.
Nancy M. Silva, C.P.N.P.

There are two directors
to be added to the
six current directors
listed at this time.

Please see the attachment
on page two for those
directors we wish to
have added.

Thank you-