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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000060933

1. Corporation Name
PALM BAY PEDIATRICS, INC.

Principal Place of Business
~~1355 SOUTH HICKORY STREET, STE. 103
MELBOURNE FL 32901~~
1421 Malabar Rd NE
Suite 210
Palm Bay FL 32907

Mailing Address
~~1355 SOUTH HICKORY STREET, STE. 103
MELBOURNE FL 32901~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1421 Malabar Rd NE
Suite, Apt. #, etc.
22 210
City & State
23 Palm Bay FL
Zip
24 32907 Country
25 USA

2a. Mailing Address
26 1421 Malabar Rd NE
Suite, Apt. #, etc.
27 210
City & State
28 Palm Bay FL
Zip
29 32907 Country
30 USA

3. Date Incorporated or Qualified
07/06/1998
4. FEI Number
59-3520087 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
JONES, RICHARD O
1250 W. EAU GALLIE BLVD., STE. J
MELBOURNE FL 32935

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME LEEDY, DORIS M
STREET ADDRESS ~~1355 SOUTH HICKORY STREET, STE. 103
MELBOURNE FL 32901~~
CITY-ST-ZIP
TITLE 1421 Malabar Rd NE DELETE
NAME Suite 210
STREET ADDRESS Palm Bay FL 32907
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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
Leedy, Doris M. Director Date 4/29/99 (407) 7228435
Daytime Phone #

CR2E034 (11/98)